

# Physiotherapy regulation at work in Australia

**2014/15**

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Regulating physiotherapists in the National  
Registration and Accreditation Scheme

**Managing risk to the public**

Regulating  
physiotherapists



Physiotherapy  
Board of Australia | AHPRA

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of the Physiotherapy Board in 2014/15  
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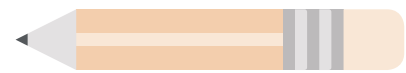
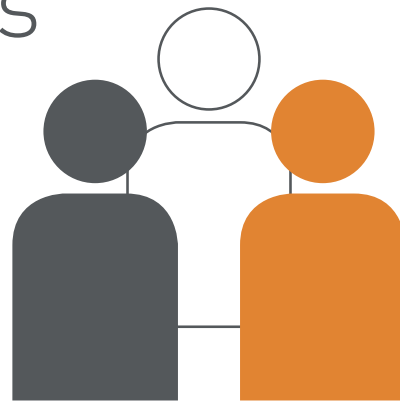
## Highlights

Launch of bi-national physiotherapy practice threshold statements, in collaboration with the Physiotherapy Board of New Zealand



Work with the Australian Physiotherapy Council to embed practice thresholds into programs of study

# Improved regulatory efficiencies



# 27,543

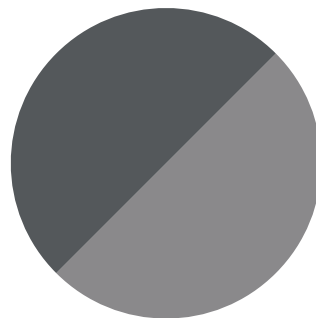
registered physiotherapists in Australia on 30 June 2015

29% of registered physiotherapists are based in New South Wales, 24% in Victoria

# 5.44%

increase in number of registered physiotherapists compared to 2013/14

97 notifications received about physiotherapists – 0.4% of the registrant base



46.8% of registered physiotherapists are aged under 35



28% decrease in notifications about registered physiotherapists compared to 2013/14

Of the 83 notifications closed in 2014/15 (excluding New South Wales), 49% were closed after an assessment and 36% after an investigation

82 registrants under active monitoring on 30 June 2015 – 55% due to suitability/eligibility

Four immediate action cases

57% of notifications closed (excluding New South Wales) led to no further action, 18% led to a caution

## About this report

**This report provides a profession-specific view of the Physiotherapy Board of Australia's work to manage risk to the public and regulate the profession in the public interest.**

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the [annual report](#) 2014/15 for AHPRA (reporting on the National Scheme).

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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# Message from the Chair, Physiotherapy Board of Australia

A particular highlight for the Physiotherapy Board of Australia (the Board) this year was completing a successful collaboration with the Physiotherapy Board of New Zealand, culminating in the launch on 1 May 2015 of the Bi-national physiotherapy practice threshold statements (Practice thresholds).

These Practice thresholds have replaced the existing *Australian standards for physiotherapy* (2006) in Australia and the *New Zealand physiotherapy competencies* (2009) in New Zealand. The new thresholds will ensure that there are consistent entry-level competencies for the physiotherapy profession across both countries. They include the requirements for all New Zealand and Australian physiotherapy graduates.

The Board has started working with its appointed accreditation authority, the Australian Physiotherapy Council, to embed the Practice thresholds into Australian programs of physiotherapy study, as well as the assessment processes for overseas-trained physiotherapists.

In March 2015, the Board conducted a voluntary and anonymous email survey of physiotherapists. The high response rate has provided the Board with a better understanding of physiotherapists' knowledge of their obligations under the Health Practitioner Regulation National Law (the National Law) and the areas in which it may need to provide more regulatory guidance.

Improved regulatory efficiencies were achieved this year. One reason for this is the Board amending its delegated committee structure in 2013 to a national Registration and Notifications Committee and a Victorian Registration and Notifications Committee. The change has meant it has been possible to pass on reduced registration fees to physiotherapists. The change from state/territory boards also resulted in the Board being able to better meet the objectives and guiding principles of the National Law.



**Mr Paul Shinkfield**  
Chair, Physiotherapy  
Board of Australia

# Message from the Agency Management Committee Chair and the AHPRA CEO

**The National Boards work in partnership with AHPRA to maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.**

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The 14 National Boards in the National Scheme have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



**Mr Martin Fletcher**  
Chief Executive Officer,  
AHPRA



**Mr Michael Gorton AM**  
Chair, Agency  
Management  
Committee

# Major outcomes and achievements 2014/15

## Accreditation

The Board built on its strong relationship with its accreditation council, the Australian Physiotherapy Council, and asked it to commence a review of the accreditation standard. That work is ongoing into next year.

A wide-ranging consultation was held on the draft proposed bi-national Practice thresholds for physiotherapy. After their finalisation and release on 1 May 2015, the process to embed them within accreditation functions commenced through working with the Australian Physiotherapy Council.

## Registration

The following registration standards were approved in 2014/15:

- ▶ English language skills registration standard (*revised standard*)
- ▶ Criminal history registration standard (*revised standard*)

## Stakeholder engagement

The Board met regularly with its key stakeholders and forged strong links with the international physiotherapy community through its participation as a member of the International Network of Physical Therapy Regulatory Authorities (INPTRA), including contributing several presentations at the INPTRA conference in Singapore in May 2015.

## Registration standards, policies and guidelines

Whilst the criminal history and English language skills registration standards were revised and approved in this period, they were not published until the next reporting period.

## Priorities for the coming year

The main priorities for the Board in the coming year are to:

- ▶ embed the physiotherapy Practice thresholds into our work in registration and notifications
- ▶ continue the review of the Board's approved accreditation standard
- ▶ work with AHPRA and the other National Boards to improve efficiencies and effectiveness within the Board's functions and across the National Scheme, particularly those resulting from the recent independent review of the scheme
- ▶ review, consult on and roll-out revised core registration standards
- ▶ conduct a 'deep dive' into the accumulating data on the physiotherapy profession, through AHPRA, to look for themes and trends in notification issues, to ensure that the Board is providing appropriate guidance to the profession and evidence-based regulatory interventions, and
- ▶ share those analyses with the other National Boards and AHPRA to see where we can provide consistent cross-professional guidance and other regulatory interventions for health practitioners wherever possible.

# Board-specific registration, notifications, and monitoring and compliance data 2014/15

## Registration

On 30 June 2015 there were 27,543 registered physiotherapists across Australia. This is an increase of 5.44% from the previous year. New South Wales (NSW) has the largest number of registered physiotherapists (7,943), followed by Victoria with 6,744 registrants. There were 12,892 registrants (46.8%) aged under 35.

## Notifications

There were 97 notifications received in 2014/15 – about 0.4% of the registrant base. Of the 97 notifications received, 57 notifications were lodged outside of NSW.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

Of the 115 notifications closed in 2014/15, 83 notifications were lodged outside of NSW. Of these, 41 were closed after assessment, seven were closed after a panel hearing (one) or a tribunal hearing (six), and the remaining 35 notifications were closed after an investigation (30) or a health or performance assessment (five).

In 51 of the closed cases managed outside of NSW, the Board determined that no further action was required (47 cases), or that the notification would be most appropriately handled by the health complaints entity that had received the notification (four). In 15 cases the practitioner was issued a caution, conditions were imposed (eight) or an undertaking accepted from the practitioner (five); in two cases the practitioner's registration was suspended and in a further two cases the practitioner was not permitted to reapply for registration for 12 months or more.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is

necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- ▶ have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- ▶ have or may have an impairment, or
- ▶ have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was taken by the Board in four cases during the year. Integrated data for all professions including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

## Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 82 physiotherapy registrants under active monitoring.



Physiotherapist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	511	7,943	168	5,097	2,234	439	6,744	3,344	1,063	<b>27,543</b>
2013/14	489	7,578	173	4,823	2,175	426	6,412	3,207	840	<b>26,123</b>
% change from prior year	4.50%	4.82%	-2.89%	5.68%	2.71%	3.05%	5.18%	4.27%	26.55%	<b>5.44%</b>

\*Principal place of practice

Physiotherapist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2014/15	2,365	5,851	4,676	3,573	2,910	2,375	2,086	1,993	1,008	459	173	53	20	1	<b>27,543</b>
2013/14	1,740	5,479	4,555	3,445	2,829	2,332	2,096	1,930	972	479	184	58	24		<b>26,123</b>

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	1	4	8	10	1	25	8	57	40	<b>97</b>
2013/14	1	10	39	14	2	28	8	102	32	<b>134</b>

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	0.2%	2.4%	0.2%	0.4%	0.2%	0.4%	0.2%	0.3%	0.5%	<b>0.4%</b>
2013/14	0.2%	2.9%	0.6%	0.6%	0.5%	0.4%	0.2%	0.5%	0.4%	<b>0.5%</b>

Physiotherapist	NT	QLD	SA	Total
2014/15	1	2	1	<b>4</b>
2013/14		3		<b>3</b>

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	1	9	18	13	2	32	8	83	32	<b>115</b>
2013/14	1		28	15		22	7	73	31	<b>104</b>

Stage at closure	Total 2014/15	Total 2013/14
Assessment	41	49
Health or performance assessment	5	5
Investigation	30	16
Panel hearing	1	2
Tribunal hearing	6	1
<b>Total</b>	<b>83</b>	<b>73</b>

Table PHY8: Outcome at closure for notifications closed under the National Scheme (excluding NSW)		
Outcome at closure	Total 2014/15	Total 2013/14
No further action	47	47
Health complaints entity to retain	4	9
Caution	15	7
Reprimand		1
Accept undertaking	5	6
Impose conditions	8	3
Suspend registration	2	
Not permitted to reapply for registration for 12 months or more	2	
<b>Total</b>	<b>83</b>	<b>73</b>

Table PHY9: Active monitoring cases at 30 June 2015, by state or territory (including NSW)					
Profession	Conduct	Health	Performance	Suitability / eligibility <sup>1</sup>	Total 2014/15
Physiotherapist	11	17	9	45	82

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

## Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

**Drug and alcohol screening** – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

**Health** – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

**Supervision** – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

**Mentoring** – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

**Chaperoning** – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

**Audit** – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

**Assessment** – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

**Practice and employment** – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

**Education and upskilling** – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

**Character** – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

## Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

Concerns raised about advertising during the year are reported on page 55 in the 2014/15 [annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

## Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when

they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

# Working across the professions

**A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.**

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

## Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

### Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or

performance. An approved registration standard, code or guideline may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

## Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

## Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

## Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

## Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

## Managing risk through improved international criminal history checks

In February 2015 a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

# Members of the Physiotherapy Board of Australia in 2014/15

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Mr Paul Shinkfield (Chair)  
Ms Alison Bell  
Mr Timothy Benson  
Ms Anne Deans  
Dr Charles Flynn  
Ms Kim Gibson  
Mrs Lynette Green  
Mrs Kathryn (Kathy) Grudzinskas  
Mr Peter Kerr AM  
Mrs Elizabeth Kosmala OAM  
Ms Karen Murphy  
Ms Pippa Tessmann

## National Registration and Notifications Committee

Dr Charles Flynn (Chair)  
Ms Alison Bell  
Ms Josephine Bills  
Mr David Cross  
Ms Cherie Hearn  
Mr Peter Kerr AM  
Ms Fiona McKinnon  
Ms Ann Nelson  
Mr Michael Piu

## Victorian Registration and Notifications Committee

Dr Charles Flynn (Chair)  
Dr Leslie Cannold  
Ms Maureen Capp  
Mr Mark Hindson  
Ms Fiona McKinnon

During 2014/15, the Board was supported by  
Executive Officer Ms Jillian Humphreys.

More information about the work of the Board is  
available at: [www.physiotherapyboard.gov.au](http://www.physiotherapyboard.gov.au)

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[www.ahpra.gov.au](http://www.ahpra.gov.au)

Annual report and summaries online:

[www.ahpra.gov.au/annualreport](http://www.ahpra.gov.au/annualreport)

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## **ACKNOWLEDGEMENTS**

Thank you to all AHPRA contributors.

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