



REGULATING PHYSIOTHERAPISTS -
MANAGING RISK TO THE PUBLIC

PHYSIOTHERAPY REGULATION AT WORK IN AUSTRALIA, 2013/14

Regulating physiotherapists in the National
Registration and Accreditation Scheme



Physiotherapy
Board of Australia | AHPRA

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About this report

For the first time this year, the Physiotherapy Board of Australia is publishing this profile of its work in regulating physiotherapy in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioners Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national 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. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the [2013/14 annual report of AHPRA and the National Boards](#).

Message from the Chair, Physiotherapy Board of Australia

During 2013/14, the membership of the Physiotherapy Board of Australia ('the Board') remained unchanged and it was my second year as Chair. I would like to personally thank each of the Board members for their support over this period. I also thank them for their skill, expertise, commitment and hard work in fulfilling their statutory roles and responsibilities, and in helping to deliver the National Registration and Accreditation Scheme for physiotherapists.

The Board also continues to be well supported by AHPRA. On its behalf, I thank the Chief Executive, Martin Fletcher, and the entire AHPRA team for their ongoing work in supporting and guiding the Board. In particular, I acknowledge the efforts of the Executive Officer, Jill Humphreys, and Support Officer, Lara Ketelaars. Their support and hard work is invaluable.

The Board made progress on several important bodies of work in 2013/14 that will significantly influence and shape its activities over the coming year. This includes overseeing and contributing to projects to:

- revise the accreditation functions provided by its appointed accreditation authority, the Australian Physiotherapy Council, and
- in partnership with the Physiotherapy Board of New Zealand, to deliver the new entry-level qualifying statements for the profession of physiotherapy in both countries.

The Board also started work on developing its role in fulfilling the objectives of the National Law on health workforce reform. Following Health Ministers' decision to approve the Health Professionals Prescribing Pathway in November 2013, the Board has begun work with its main stakeholders to explore the possibilities for endorsements on registration for prescribing scheduled medicines. Along with the other 13 National Boards, it also approved the National Scheme regulatory principles to guide decision-making in all aspects of its work, including its delegated Registration and Notifications Committees. Implementing these principles will involve further

entrenching a risk-based regulation approach that aims to focus regulatory effort on the areas of greatest potential harm to the public.

The National and Victorian Registration and Notifications Committees of the Board started operations in November 2013. This change to a centralised committee structure has been one of the most significant areas of work for the Board over the last year. Under the chairmanship of Dr Charles Flynn, both committees have worked tirelessly to ensure adherence to the objectives and guiding principles of the National Law in their consideration of individual registrant matters. On behalf of the Board, I pass on my sincere thanks to the members of both committees for their hard work, skill, expertise and commitment.

The Board relies on a number of practitioners at essential times to assess and review physiotherapists, provide expert advice, supervise students and overseas-trained physiotherapists, and provide support to colleagues. Such contributions are highly valued by the Board. I also pass on my sincere thanks to everyone who has provided their skill, expertise and time in taking on these critical roles.



Mr Paul Shinkfield, Chair,
Physiotherapy Board of Australia

Message from AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. The accuracy, completeness and accessibility of the national registers is at the heart of our work.

From 1 July 2014, there will be two different co-regulatory models for notifications within the National Scheme and three different models of health complaints management in Australia. All are underpinned by the same set of nationally consistent professional standards for practitioners, with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Major outcomes/ achievements 2013/14

- The start of a National Registration and Notifications Committee and a Victorian Registration and Notifications Committee of the Board, replacing previous state and territory boards.
- Registrant fees have again been reduced for the next registration period, to \$159. This reduction is a direct result of the efficiencies developed by the Board under the National Scheme, including the above change to its committee structure to one that matches more closely with the needs of the profession.
- The continuation of the bi-national project to develop shared entry-level qualifying statements for the physiotherapy profession in Australia and New Zealand, which will provide a clear and robust platform for a bolder vision for the profession in the coming years. This work, on the Australian side, incorporates a review of the existing Standards for physiotherapy. Broad stakeholder engagement, seeking cross-profession buy-in, is integrated into the principles of the project. It has been particularly pleasing to strengthen our ties with our New Zealand counterparts through this project and on other issues of mutual interest.
- The first in-depth analysis of data provided via the physiotherapy workforce survey, conducted by Health Workforce Australia in conjunction with data collected by the Board through AHPRA, since the start of the National Scheme. The Board is using this work to assist it in identifying gaps in the workforce and in its consideration of regulatory measures to facilitate workforce reform.
- Approval of the cross-professional regulatory principles to guide decision-making in all aspects of the Board's work.

Stakeholder engagement

The Board's relationships with its major stakeholders have been strengthened over the last year. This has been achieved through regular meetings and close consultation during the revision of registration standards, codes and guidelines. On behalf of the Board, the Chair attended regular meetings and provided presentations to the Australian Physiotherapy

Association, the Council of Physiotherapy Deans Australia and New Zealand, the NSW Physiotherapy Council and the Australian Physiotherapy Council. We look forward to continuing to build these important relationships over 2014/15.

On behalf of the Board, the Chair travelled to the World Health Professions Regulation Conference in Geneva in May 2014. Here he also attended a face-to-face meeting as Deputy Chair of the International Network of Physical Therapy Regulation Authorities (INPTRA). The Board is an active member of INPTRA and is contributing to developing its international profile, including a presentation on regulatory issues at the World Confederation for Physical Therapy Conference in Singapore in 2015. The Chair also attended in the Health Regulatory Authorities of New Zealand (HRANZ) Conference in Wellington, New Zealand and a meeting of the Physiotherapy Board of New Zealand.

Apart from providing invaluable opportunities to consolidate and develop relationships, connecting with these international regulators provides important insights into issues across the global health regulation environment. This includes fostering a deeper understanding of the similarities and differences in regulatory models and opportunities to consolidate approaches on major issues, including the international mobility of physiotherapists.

The Board published three registrant newsletters in 2013/14 and continues to publish a Communiqué on the Board website immediately after each monthly Board meeting.

Priorities for the coming year

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

Continued review of standards, codes and guidelines

The Board is continuing a review of its existing registration standards, codes and guidelines that were first implemented at the start of the National Scheme in July 2010. As part of the process, the Board will ensure wide-ranging consultation with its stakeholders. Consultation will be coordinated with the other 2010 professions under the National Scheme in order to maximise the opportunities for input from important stakeholders. The Board works closely with other professions in the scheme to achieve the greatest consistency possible, and to ensure fairness, transparency and effectiveness of its requirements under the National Law.

Accreditation functions

The Board will consolidate agreed work priorities with the Australian Physiotherapy Council to ensure robust, best-practice, transparent and accountable accreditation processes are part of the business-as-usual approach to this important aspect of the Board's work.

Workforce reform

The Board will be progressing work started in 2013/14 on exploring the potential for endorsements for prescribing scheduled medicines, as well as other initiatives to facilitate the development of the physiotherapy workforce to meet the needs of the Australian health system.

Physiotherapy Board registration and notifications data 2013/14

On 30 June 2014, there were 26,123 registered physiotherapists across Australia. This is an increase of 5.75% over the previous year. NSW has the largest number of registered physiotherapists (7,578), followed by Victoria with 6,412 registrants. There were 11,774 registrants (45.1%) aged under 35.

There were 134 notifications received in 2013/14 about 0.5% of the registrant base. This is an increase of 61% over the 83 notifications received in 2012/13. Of the 134 notifications received in 2013/14, 102 notifications were lodged outside NSW. More notifications were lodged in Queensland (39) than in any other state.

Of the 104 notifications closed in 2013/14, 73 notifications were lodged outside NSW. Of these, 49 were closed after assessment, three were closed after a panel hearing (2) or a tribunal hearing (1), and the remaining 21 notifications were closed after an investigation (16) or a health or performance assessment (5).

In 56 of the closed cases managed outside 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 (9). In eight cases the practitioner was issued a caution (7) or a reprimand (1), and in the remaining nine cases, conditions were imposed (3) or an undertaking accepted from the practitioner (6).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported on page 119 of the annual report of AHPRA and the National Boards for 2013/14.

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 three cases in Queensland during the year. Integrated data for all professions including outcomes of immediate actions are published from page 138 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on our website under notifications.

Table 1: Registrant numbers at 30 June 2014

Physiotherapist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	489	7,578	173	4,823	2,175	426	6,412	3,207	840	26,123	5.75%
2012/13	467	7,191	156	4,594	2,017	399	6,166	3,052	661	24,703	5.11%
2011/12	441	6,888	145	4,379	1,928	394	5,904	2,798	624	23,501	4.99%
% change from prior year	4.71%	5.38%	10.90%	4.98%	7.83%	6.77%	3.99%	5.08%	27.08%		

*Principal place of practice

Table 2: Registered practitioners by age

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
2013/14	1,740	5,479	4,555	3,445	2,829	2,332	2,096	1,930	972	479	184	58	24		26,123
2012/13	1,636	5,092	4,282	3,214	2,745	2,234	2,094	1,822	891	459	164	39	24	7	24,703
2011/12	1,644	4,741	4,041	3,007	2,638	2,215	2,103	1,639	818	425	155	48	11	16	23,501

Table 3: Notifications received by state or territory

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total	
2013/14		1	10	39	14	2	28	8	102	32	134
2012/13			2	16	10	1	15	9	53	30	83
2011/12		4	4	15	13		20	5	61	27	88

Table 4: Per cent of registrant base with notifications received by state or territory

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.2%	2.9%	0.6%	0.6%	0.5%	0.4%	0.2%	0.5%	0.4%	0.5%
2012/13		1.3%	0.3%	0.5%	0.3%	0.2%	0.3%	0.3%	0.4%	0.3%
2011/12	0.9%	2.8%	0.3%	0.6%		0.3%	0.2%	0.4%	0.3%	0.3%

Table 5: Immediate action cases by state or territory (excluding NSW)

Physiotherapist	QLD	Total
2013/14	3	3

Table 6: Notifications closed by state or territory

Physiotherapist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
2013/14	1		28	15		22	7	73	31	104	80	79

Table 7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	49
Health or performance assessment	5
Investigation	16
Panel hearing	2
Tribunal hearing	1
Total	73

Table 8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	47
Health complaints entity to retain	9
Caution	7
Reprimand	1
Accept undertaking	6
Impose conditions	3
Total	73

continued overleaf

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.

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 require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

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.
- More detail about our approach to managing statutory offences is reported from page 119 of the 2013/14 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 115 of the 2013/14 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 (CPD)) 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.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

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.

Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

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.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the

National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.¹

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice,

¹ 2013 Physiotherapy Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: www.physiotherapyboard.gov.au/News/Past-Consultations.aspx

Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

Accountable

- Report on what we do
- Be transparent and up front

Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles

- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

- Ms Cherie Hearn
- Mr Peter Kerr AM
- Ms Fiona McKinnon
- Ms Ann Nelson
- Mr Michael Piu

During 2013/14, the Board was supported by Executive Officer Ms Jill Humphreys.

More information about the work of the Board is available at: www.physiotherapyboard.gov.au

Members of the Physiotherapy Board of Australia

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

National Registration and Notifications Committee

- Dr Charles Flynn (Chair)
- Ms Alison Bell
- Ms Josephine Bills
- Mr David Cross

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