

ALISON ABUD:

Hello, and welcome to today's webinar presented by the Physiotherapy Board of Australia. My name is Alison Abud, and I'm the Board's executive officer. Today I'm joined by Kim Gibson, Chair of the Physiotherapy Board of Australia. Before I hand over to Kim, I'd like to run through some housekeeping. You should all be able to see this box in the top right of your screen. Clicking the arrow in the red box either expands or contracts this view. You will see that your microphones are muted, so we won't hear your voices.

You can adjust your audio by clicking on the sound check button. If you have a question, please type it into the chat box and we'll answer as many as we can during the question and answer session at the end. Please note this is a public webinar and you won't be able to see each other's questions. Please note we are recording this session so that can be published on the Board's website at a later date. We'll keep a log of your chat questions and will refer to you by name if you ask a question. If you want to ask your question anonymously, please state that at the start of your question. As many of you already logged a question when you registered, we'll respond to those first, after the presentation. Frequently asked questions from today's webinar will also be published on the Board's website, along with the recording.

Today's presenter is Miss Kim Gibson, chair of the Physiotherapy Board of Australia. Kim was appointed by health ministers as Chair of the Board in October 2018 for a three-year term. Kim has over 35 years of health industry experience spanning clinical practice, clinical education, clinical governance, health service management, governance and health reform. It's my pleasure to welcome Kim.

KIM GIBSON:

Thanks, Alison. I would first like to acknowledge the Traditional Owners of the many lands on which we joined to meet today and pay respects to Elders past, present and emerging. Today I hope to cover the obligations you have as a registered physiotherapist under the National Law with a particular focus on returning to practice. How to meet your recency of practice obligations, how to access further information on an ongoing basis and answer any of your questions. As a registered physiotherapist, you're obliged to meet all of these standards.

Today we'll focus on what the recency of practice standard means to you across your working life. Each year, registrants are required to meet the standard and it is important that you understand what it is and how you can maintain it in order to meet the requirements at both registration and renewal. Recency of practice means that a health practitioner has maintained an adequate connection with and recent practice in the profession since qualifying or obtaining registration. If you've not practiced within the three years prior to renewal, you'll be required to demonstrate competence to practice and registration will be at the Board's discretion. If you do not intend to practice, you may apply for non-practicing registration.

The definition of practice under the National Law is commonly misunderstood. When thinking about your scope of practice, it's important to be clear on this definition. Under our regulatory system, practice means any role, whether remunerated or not, in which the individual uses their skills or knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct, non-clinical relationship with patients and clients, working in management, administration, education, research, advisory, regulatory, or policy development roles, and any other roles that impact on safe, effective delivery of health services in the health profession. However, to be clear, as per this definition, practice does not have to be clinical to be considered practice for recency, or any other standard.

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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

What is recent practice? To meet the Board standard, you must have carried out 450 hours of practice during the three-year period immediately prior to the start of the registration period, or 150 hours in the previous registration year. That's approximately three- and one-month full time practice, respectively. This allows for periods of time when no practice is performed and then a period of more intense practice.

For example, someone may work on a casual or a volunteer basis, which is sporadic and inconsistent. Someone may have worked regularly and then taken long service, sick, or parental leave for a year. Recency of practice is considered to contribute to the competence of the physiotherapist to practice in their chosen field of work within their profession. It also means that a physio who engages in a particular type of practice would not be required to demonstrate recency in areas outside their chosen scope, unless they intend practicing in these areas.

When you apply for registration, you must meet this standard. This includes practitioners who are applying for new or additional types of registration, such as changing from non-practicing to general registration or applying for an endorsement. You don't need to meet this standard if you are a recent graduate applying for registration for the first time.

Each year at renewal, you must declare that you meet this along with other registration standards. Compliance with all our registration standards is also checked through audits. These occur most years, and you could be selected at any time. There is a random system that's used. For these reasons you should keep records and evidence of your practice to be able to demonstrate recency. Evidence can include a contract of employment, payslips, statements from sporting clubs, position descriptions, etc.

Across your working life, you will need to consider the recency of practice standard whenever you take a break from practice. Practitioners take breaks for a variety of reasons and for varying lengths of time, commonly for parenthood, caring for ageing relatives, or working in a non-physiotherapy role. As a practitioner, it's your responsibility to maintain competence. Consumers always have the right to expect that physiotherapists practice in a competent and contemporary manner.

There are many ways for you to retain competence and connection to your profession during a practice break, including but not limited to continuing professional development, or CPD, and association membership. Ultimately, you need to show a connection to your chosen scope of practice or what you do in your daily work. The Board and the National Law relate to humans only, not animals. So it's not possible to claim practice related to animals and related activities or examples that don't relate to the practice of physiotherapy will not count. It needs to be activities that draw on your skills, knowledge and experience as a physiotherapist.

In order to keep the public and community safe from harm, the Board expects that all physios will be able to meet the requirements of this standard. Being caught out through audit that you haven't met the requirements is treated differently from declaring at renewal or registration that you don't think you've met the requirements. The Board does not consider that taking a break due to maternity or parental leave is different from any other kind of break from practice. There are no exemptions to the standard.

Not meeting the requirements does not necessarily mean that you won't be able to be registered. It will depend on many factors such as the length of practice break, the scope of your intended practice, and your pre-break experience. So, if you want to return to practice after taking a break and you don't meet this standard, you'll need to provide information to help the Board decide whether you're able to safely continue and return to practice.

When the Board considers an application for registration, and where the applicant has not met this standard, the Board will consider each case on its merits and take into account a range of information, including all of the factors listed here. Your registration and practice history, the total length of time away from practice and how long it is since you last practiced, the nature

and scope of practice prior to your break, any CPD or education done or professional contact maintained during the break, the intended field of practice, including the role and position proposed and any professional service developmental education proposed in relation to it.

The Board also considers the level of risk associated with your proposed practice, the type, duration of, and access to any supervision required and, of course, the standard. The Board may refuse registration where it's confirmed that a practitioner is not competent to practice. But it can also place conditions on registration to support competence, including supervision. The onus is on you as the applicant to provide as much information as possible to support your application.

Let's just explore a few examples. In the first two cases, the Board has received applications from physios with non-practicing registration, who want to return to general registration. The first physio is currently in a non-clinical management role as a stream manager in trauma, pain and rehabilitation. They're willing to be a clinician again after having non-practicing registration, should the need arise during the pandemic and are able to work in any scope of practice they are competent. They last held general registration in 2016.

So, there's a four-year gap, prior to the gap. They had 30 years of clinical practice, graduating in 1985 and working in a range of settings. The outcome of their application was the move to full registration as their non-clinical role drew heavily on their skills and knowledge as a physiotherapist and they maintained a close connection with the profession. The second physio currently works as a project officer in health and has not held general registration since 2011. So that's a nine-year gap, graduating in 1981, they also worked as a clinician for 30 years.

However, they then went on to run a small business in an unrelated field. In 2017, they sought work as an allied health assistant to refamiliarize themselves with the clinical setting and they've recently been employed on health-related projects. This practitioner moved to general registration as well, with the condition of 150 hours of supervised practice to bridge any competency gaps.

The next two examples of physios who applied to reregister after a gap in registration - they first took a long gap for parenting and did not hold registration since 2006 – or, '14 years of gap'. Prior to that, having graduated in '94, they worked as a hospital-based clinician for 12 years. Although not holding registration at the time, they provided physio assistance to a family member from 2012 to this year. When intending to return to full practice, they developed a robust plan that includes completing an extensive course in their chosen scope of practice, identifying additional professional development to meet their learning needs and successfully gaining a job offer in a hospital setting. They were granted registration but required to complete six months of supervised practice progressing through the supervision levels according to their development.

The last physio applied for registration after a 17-year practice gap. After qualifying in 1989, they worked in clinical roles full time for seven years, and then part time for three. Although this physio had a job lined up, the Board refused their application, given the significant length of practice gap, the lack of retained connection to the profession during that gap and an absence of a clear return to practice plan that might address competency gaps and ensure contemporary skills. The Board suggested that some refresher CPD and some assistance work would be good to do first.

Your application will need to address all those factors the Board will consider. All applicants must submit an application for general registration, including a CV in the Ahpra format, which details any gaps in your practice history since you obtained your qualification and the completed re-entry to practice plan. The purpose of the plan is to protect the public through ensuring that you have appropriate supports in place for safe practice.

The plan will be different for each applicant and should be tailored to your particular circumstances and your individual learning needs. It's therefore not appropriate for the Board to issue a standard re-entry plan with set tasks or supervision levels. The majority of applicants seeking registration to return to practice after a break of three years or more, or who are applying for renewal but don't meet the recency requirements, are required to be supervised for a period of time.

Consumers of physiotherapy services have the right to expect delivery of safe, competent, and contemporary services at all times, including when care is being provided under supervisory arrangements. Should the Board consider that supervision is necessary, you will need to adhere to the supervision guidelines for physiotherapy. Appropriate supervision provides assurance to the Board and the community that a registrant's practice is safe and not putting the public at risk. Further, it provides a framework that facilitates progressive development of the competence and skills required of a practitioner for general registration or registration without conditions.

These guidelines include the principles the Board consider central to safe and effective supervision. This will require a second submission to the Board, unless you could provide all of the supervision documentation with your initial application to return to practice after a break. If the Board decides that you don't need to be supervised, then the plan will not need to be implemented. But the advantage of applying with a completed supervision plan and all of the associated documents means that you're less likely to be required to wait for a subsequent or a future meeting for the plan to be approved. It can all be done in one sitting. If you don't include complete information in accordance with the guidelines, and the Board determines that supervision required, processing your application will most certainly be delayed.

There are many resources on the Board's website to help guide you through the process.

Before taking questions, I wish to spend a few minutes addressing the Board's response to the COVID-19 pandemic. Physiotherapy was recognised by government as a priority profession early on in the COVID-19 pandemic. Ahpra and five other National Boards have established a short-term pandemic response register for up-to 12 months or less, if the pandemic subsides, to help with fast tracking the return to the workforce of experienced and qualified health practitioners. The sub-register operates on an opt-out basis with eligible practitioners, those who've been off the register or non-practicing for three years or less with no restrictions, having been added to the pandemic sub-register automatically on 6 April this year.

There is no obligation for anyone added to the sub-register to practice or remain on it. They can opt-out at any time for any reason. Practitioners who choose to stay on the pandemic sub-register and go back to work must comply (sorry), with the Board's code of conduct professional indemnity insurance requirements and they must work within their chosen scope of practice. In up to 12 months, they will be removed from the sub-register. If they would like to continue practicing after that time, they'll need to apply for registration through the standard process.

With the restrictions in various jurisdictions and changes in practice due to COVID-19, there may be challenges for some practitioners in being able to meet the CPD registration standard at this time. The Board will consider individual circumstances or physios who were unable to meet the CPD requirements during this pandemic. Due to Ahpra offices having to close during the pandemic, applications can now be made fully online rather than having to present in person to authorise documentation.

Ahpra and National Boards, together with the Australian Government and the Health Professions Accreditation Collaborative Forum, have set national principles for clinical education to guide decisions of professions, accreditation authorities, education providers, and health services about student clinical education during the pandemic response, to support the completion of clinical training and graduation of final year cohorts and protect the health

workforce pipeline. We also understand that many practitioners have had to change the way they practice due to the pandemic. And for some, this may involve providing services in ways to allow for the social distancing requirements. This may involve delivering services via telehealth. To support this, Ahpra has developed guidance, which is available on the Ahpra website.

ALISON ABUD:

Thank you, everyone, who submitted questions in advance or inboxed on the right of your screen. If you don't hear your question, it might be because it's very similar in intent to someone else's and we've tried to group them together so that we cover as many topics as possible. We'll also publish frequently asked questions across all the key themes that are raised today, along with the presentation on our website. So Kim, in terms of the first question, it relates to maintaining registration in retirement. So how does someone manage their CPD and any suggestions of how to contribute to the profession?

KIM GIBSON:

Thanks, Alison. Someone who's retiring has a couple of options when they consider registration. The first one is to go to non-practicing registration. So, if you do that, then you don't need to meet the registration standards. If you do want to keep your general registration, then you can keep a connection to the profession by continuing to stay a member of the association and staying in touch with your colleagues. You might do some things such as mentoring younger colleagues, you can work as a volunteer. I have a colleague at the moment who is working in research and using his skills in that way. So, there are many options.

ALISON ABUD:

Great, OK, the next question is what resources are available for people who are returning to physiotherapy practice, who might need some anatomy or skills refreshers?

KIM GIBSON:

So there are lots of resources out there, particularly for anatomy learning. A whole range of things from apps to other online resources, to courses that are offered by professional associations and of course by universities and other education providers. So, it really depends on where you think you're going to need to upskill as to what you might look out for.

ALISON ABUD:

OK, the next one's from a researcher. As a researcher I trial interventions and disseminate results, but don't deliver interventions. Is this considered physiotherapy practice?

KIM GIBSON:

So this all comes back to that definition of practice that I mentioned during the presentation. Just as a reminder, that it's anything where you're using your skills or knowledge as a physiotherapist. So, I would imagine that a researcher is using their skills and knowledge in developing those interventions for the trial and in disseminating the results.

So, I think that meets the definition of practice. I think that it doesn't actually matter whether they deliver the interventions, just formulating the interventions would be considered practice. I think that in the questions that came through before the session, lots of people asked about the things that they do and whether this is considered practice or not. So, some of those were things such as instructing group exercise classes, teaching Pilates to clients with injuries, managing a physio practice or business.

Health program design and management, university lecturing, clinical simulation, and clinical placement support, even work or study in a related profession and then such things such as training clinicians and by that they meant medical nursing and allied health with electronic medical record use. And lastly, a management role, but doesn't have direct patient contact. If when you consider your role, you reflect on your use of your physiotherapy skills and knowledge. If the answer is yes, then it's practice. And I think that each of those examples,

depending on the extent of skills and knowledge that you use could well be determined to be practice.

ALISON ABUD:

Thanks, Kim, yes, in the questions we're getting lots that are related to individual questions about what practice is. So, I think you've given some great examples there that hopefully cover everyone's questions that are coming in. The next one... (CROSSTALK)

KIM GIBSON:

Sorry, if there is any, if there's any we've missed, we'll pick them up in the FAQs at the end.

ALISON ABUD:

Yes, absolutely. Another one that is a very strong theme that's coming through is, I've returned to part-time work and I'm working in aged care. What are the Board's expectations regarding CPD requirements?

KIM GIBSON:

So the Board's expectations are the same of all general registrants. It doesn't matter whether you're working as a casual or working part time, the expectations are the same around professional development. So, you need to meet the same standard, the same with recency of practice. It's the same amount of practice that's required for recency.

ALISON ABUD:

Great, could you also detail an example of a plan to return to practice with someone who hasn't practised in over 10 years?

KIM GIBSON:

So we gave a couple of examples during the presentation, and I think the key point to make is that it's going to be different for everyone. The Board will take into consideration so many different things that are factors in considering whether you're going to be safe and competent to return to practice. And that's what you need to consider as well. If you've been away from practice for a long time, you need to think about the kind of practice that you're going to go back into and think about what you might need to do to bring your skills and knowledge up to contemporary expectations.

So that can be a whole range of things from having practice visits in the area that you intend to practice, professional development. You might go back and do a postgraduate course, for example, to bring yourself up to speed. They are a whole range of things, but if it's been a significant length of time, then it's very usual for the Board to require a period of supervised practice. So it's well worthwhile in your plan to return to practice, to try and get yourself a supervisor and do some supervised practice.

ALISON ABUD:

OK, just looking at the next question, what additional consideration, if there is any, for staff who may have a long absence due to an injury?

KIM GIBSON:

So an injury is probably one of the few things that the Board would consider unexpected circumstances and exceptional circumstances. And so there may be a consideration on a case by case basis that could be made, in that kind of case. And so, what would be advisable would be for the practitioner to provide as much information as possible to the Board on the length of time and allow the Board then to consider what might need to be put in place to support you to return to practice.

ALISON ABUD:

OK, and will there ever be a return to practice course? And some of the questions I'm reading are general, but then some people are actually requesting courses that might relate to a particular area such as paediatrics, or acute care.

KIM GIBSON:

So this is a really difficult one to answer, because it's about the market. Whoever is going to provide a course to you, they have to have the market to sustain the ability to provide that course. And over the years that I've been involved in regulation, which is most of this century, we've been looking at the possibility of a return to practice course. And generally, there just hasn't been the number of physios returning to practice to sustain a generalised return to practice program by any of the health providers.

So, that is one of the issues. The other issue is, as we've already talked about, everybody's needs when they return to practice are different. Their learning needs to bring them up to contemporary practice will be different depending on where they've worked before, where they plan to work now, how much experience they had before their break, and all of the other things that they did in terms of their experience before they took a break, as well as what they might've done during their break. So it's very hard to actually have an ongoing course that would meet everybody's needs.

So, when we consider ourselves as physiotherapists against perhaps other professions, really the profession that is most likely to have a return to practice course is nursing and midwifery, because they have the highest volume of practitioners, so it's much easier for them to put a standard course in place. So when it comes to more specific needs, then some of the things that I talked about before, that you might access online courses through professional associations and through university and other providers, would be the way to go for re-education.

ALISON ABUD:

OK. Thank you. The next question is from someone who, I think is planning to have some leave. So, what do you need to do when you're commencing an extended leave, or doing minimal work or occasional work or no clinical work, or perhaps clinical teaching for an extended period of time?

KIM GIBSON:

I think the best thing to do is make a plan. Have a think about how long that time is going to be, and then reflect back on what you've done over the last three years so that you can look at whether you meet either the 450 hours over three years or the 150 hours in the previous year requirement when you come back to practice.

So thinking about the length of time, and then thinking about what options you can put in place during that gap that might keep you connected to the profession, but also might help you keep up your skills and knowledge. So that might be just some straightforward professional development. It might be reading in your area of practice and being up to date with the most recent research. There are a whole lot of ways that you can stay connected to the profession. So, I think the best thing to do is make a plan and try and stay connected, so that you can come back to practice as easily as possible.

ALISON ABUD:

If recency of practice hours aren't met - so, you know you're not going to meet them, how likely is Ahpra to allow you to continue to general registration?

KIM GIBSON:

So it's very unlikely that you won't be able to re-register in terms of general registration. Generally, what the Board would do is take into consideration all of the information in the application that you put forward and if it's considered that you might not be fully competent and safe to practice, then they'll put conditions on your registration, but still allow you to register. And those conditions are likely to be education or supervised practice or both.

ALISON ABUD:

We've got quite a few about the process of returning to practice after being registered as

non-practicing, and also in relation to that, what's the benefit of being a non-practicing registered, as opposed to not registered at all?

KIM GIBSON:

So I'll answer the second part first, cause that's easy, and point you towards an FAQ that we have with regard to this on the website. Where, you know, I think it's titled 'Considering whether you need to be registered or not'. If you go to non-practicing registration then you can use the title, but you don't need to meet the registration standard requirements. So, sorry, can you remind me of the first part of the question?

ALISON ABUD:

So what is the process for returning to practicing after being non-practicing?

KIM GIBSON:

Thank you, yes. So, it's just a matter of putting in an application and demonstrating how you meet the registration requirements or what you would put in place to be able to meet those requirements, if you don't meet the CPD and recency of practice requirements. So what your return to practice plan might look like.

ALISON ABUD:

Great. This is along a similar vein. Is previous career experience such as university teaching, research papers and conference presentations considered recency of practice in decision making?

KIM GIBSON:

It absolutely is. So, as we mentioned before, it does not have to be clinical practice or clinical care that is considered practice. And so even if you've had a big break in practice, if part of what you've done before you took that break was university teaching, research and education, then all of that would absolutely be considered in the Board's decision to re-register you.

ALISON ABUD:

In terms of registration and insurance, what rules cover those physiotherapists working as academics, are they the same as the clinical physios?

KIM GIBSON:

So if you hold general registration, regardless of what kind of physio you consider yourself, whether you're a manager, an academic or a practitioner, the rules are the same. And that goes for professional indemnity insurance as well. So where you get your insurance may vary, but everybody needs to have professionally indemnity insurance, and the registration standards apply to academics, managers and practitioners in the same way.

ALISON ABUD:

Would the Board ever consider a professional recommendation or interview someone to assist the Board to fill in gaps of their knowledge of the applicant?

KIM GIBSON:

So the Board wouldn't usually interview an applicant, but a professional reference would absolutely be a reasonable thing to include in an application that you were making for re-registration, along with your curriculum vitae and those sorts of documents, evidence of your previous experience and practice.

ALISON ABUD:

Great, so it counts as evidence. We have lots of questions regarding maternity leave. So returning from maternity leave, do I have to complete 150 hours per year, or can I complete the other requirement, which is 450 hours every three years? I think you did cover this, but it might be good to just revisit.

KIM GIBSON:

So to reinforce the issue for maternity leave, which is a common one, and I'm not surprised that there are lots of questions. The Board doesn't consider maternity leave any different to any other break in practice, and it's not an exceptional circumstance in particular, it's generally planned for. So you still have to meet the recency of practice standard. So you have to complete either 150 hours in the year before, or 450 hours in the three years before.

So that's the equivalent of one month or three months full time, pretty much. So it's either/or, it's not both. So in thinking about your family planning decisions, then it's good to consider that ahead, and think about across your parenting years, how you might like to maintain your recency and your professional development and your connection to the profession.

ALISON ABUD:

Great. Another family planning question is, someone's looking for a framework or a guideline to assist them with the return to practice requirement after set time frames. So I think you did just cover that, but do we have a particular framework or guideline as a reference?

KIM GIBSON:

So I think the kinds of things that we've talked about all along today really do give you a guide as to what you might consider in terms of thinking about breaks in practice, with a range of family issues that might not just be maternity leave, but might be caring for a parent. And that it's really all about thinking about the kind of practice that you're going to return to, what the risks are in undertaking that practice if your skills aren't up to date. And so thinking about what you might need to do to ensure that you're safe and competent to practice. So...

ALISON ABUD:

Yes, I think that answers it. OK, I'm changing tack, slightly:

What supports are available in helping physiotherapists return to practice, in terms of securing an appropriate supervisory arrangement? And there's also been a few others that are saying it's particularly challenging with COVID to find an appropriate supervisor.

KIM GIBSON:

So, this is the more challenging one, in terms of what I can do to assist in that area. There really isn't anything out there to help connect practitioners to supervisors. The onus is on you as a practitioner to meet the requirements of the Board and for you to find your own supervisor. I absolutely understand that that is going to be more challenging during this time. All clinical environments are under pressure for a range of reasons and I imagine that the whole COVID pandemic is a significant barrier to finding a supervisor.

ALISON ABUD:

And I've got a few COVID questions that I'll get to in a minute that I've grouped together, but I'll just continue on the list I've got here. Not meeting recency of practice hours due to raising children, how is this looked at when renewing your registration and are there different considerations given for multiple maternity leaves?

KIM GIBSON:

So similar to my earlier answer, no. It's the answer. (LAUGHS) It doesn't matter how many children you have, you still need to meet the same recency of practice requirements. So, again, it's about factoring that in and thinking about how you might practice, even if it's part time, even if it's in a voluntary capacity. Or how what you're doing with your family might actually also help you retain your skills and knowledge. So, that's particularly helpful for paediatric physiotherapists. And when you're caring for elderly relatives, you may consider that a lot of the support that you give to elderly family members may involve physiotherapy practice.

ALISON ABUD:

And the next question is similar to an earlier one regarding ten years out of practice, but the

interesting part of it is how long is 'too long' out? Is there a threshold to having to do a whole degree again? And is there a time limit on when you can't return to registration after being out of the profession?

KIM GIBSON:

It's a really good question. There is no hard line in the sand in terms of how long you've been out of practice, when the Board will say, alright, no, you've gotta go back to scratch and go back to university and start again. But ten years is a rough guide. That taking longer than ten years out of practice, you may reflect and think about the currency of your skills and knowledge, just reflecting on how quickly the evidence changes in healthcare practice and what you might have to come up to speed on.

So, there's no absolute hard line in the sand. Ten years is a rough time where we certainly would consider whether we need to send you back for a full re-education. But again, it's a case by case basis. And it really depends on what you did before you took the break, what you're planning to do, and all of those other factors that we highlighted earlier.

ALISON ABUD:

OK, do you need to go through the process of returning to clinical practice if you've been teaching as a physiotherapist, teaching physiotherapy at university? It depends, I suppose, doesn't it?

KIM GIBSON:

It does. Again, yep, it will be a case by case basis. And it depends what you're going back to practice in. So what's your role and scope of practice going to be. If you're going back to teach at university, then you need to be competent and qualified to then go back to that. And, but if you're going to clinical practice and you haven't been practicing clinically for a long period of time, then you do need to consider what you might need to do to bring your clinical skills up to par. So, sorry, I was just pausing because my computer is telling me it's going to log out. And I just want to make sure that it's not going to happen before the end of the webinar. (LAUGHS)

ALISON ABUD:

Well, just let us know, Kim. I might just keep going. But if it does log out, we'll see how we go. This is a quick one, is there part-time or casual registration?

KIM GIBSON:

No. So the choices for you are general registration or non-practicing registration or no registration at all, but there's no part-time or casual option.

ALISON ABUD:

Great. And we've had quite a few questions about people who have been working overseas. So, what is the registration requirements for practitioners who've been practicing overseas? Is there recognition of overseas practice as recency?

KIM GIBSON:

There absolutely is recognition of overseas practice as practice. You don't have to have been in the country to meet the recency of practice requirements. So, that's absolutely fine. So, yeah.

ALISON ABUD:

And another similar one, I'm a practicing physiotherapist in Australia and wish to maintain rights to practice in New Zealand in case I wish to return to New Zealand, do I need to do anything?

KIM GIBSON:

So, the first thing that this New Zealand practitioner would need to do is check the requirements of the Physiotherapy Board of New Zealand. But understanding that we have

Trans-Tasman, so mutual recognition, which means that if you have a good standing of general registration in Australia, then it's a simple process to apply for and receive general registration in New Zealand, and vice versa. But whichever country you're going to and from, you always need to check the requirements for registration in that country.

ALISON ABUD:

And just to reinforce, there's quite a few questions about is the re-registering process different if you were previously registered in Australia, practicing overseas and then coming back?

KIM GIBSON:

No. (LAUGHS) That's it. But the process is the same, yeah.

ALISON ABUD:

Correct. I might move on to some of the COVID specific questions that we've had. So, you did cover this in the webinar, but it's a great question, will there be any reduced CPD requirements for physiotherapy registering due to COVID?

KIM GIBSON:

Yes. So, the Board has realised and recognised that it has been difficult for people to engage in professional development during COVID, particularly face-to-face. So, it depends what you're learning needs have been during this time. But, it may not have been possible for you to meet them in the way that you usually should. So, that is not something that the Board will be penalising people for in this registration round. So it is relaxing the professional development requirements for this year.

ALISON ABUD:

A very quick question, will this webinar count towards CPD?

KIM GIBSON:

Yes, absolutely.

ALISON ABUD:

Will the impact of COVID-19 be considered if work has been unduly interrupted as a direct result of the pandemic? Is there any leniency this year in recency of practice?

KIM GIBSON:

So, we wouldn't expect to have to exercise leniency within a year period given that you've got that whole three years to consider. But if, say, you were planning a gap and factoring this year into that gap, that may put you in a difficult situation. So, this was certainly unplanned and unexpected that we had a pandemic. And the Board would take that into consideration if that was a key issue for you and your recency, yeah.

ALISON ABUD:

I'm just checking, there's a few questions along those lines. The next one is, what is the point of Ahpra or the health department asking us to re-register to use as a surge workforce during COVID-19, if they don't use us?

KIM GIBSON:

So, the pandemic sub-register was created to help with the surge workforce. And it's not Ahpra that can make use of that register. Having set up the register, what Ahpra has done is provide that register to each of the jurisdictions for the practitioners who reside in their jurisdictions. And then they have the ability to approach those practitioners for employment. So, obviously, during the planning of, the preparation for the surge workforce, it was really unknown as to how many practitioners would be required. And it was really about creating possibilities.

And those possibilities still exist, we still don't know how many people are going to be needed as this pandemic continues. So, it may still be that practitioners are approached. There's no obligation to work or to stay registered on the sub-register. It's an opt-out situation. So we understand that some practitioners, particularly in Victoria, have been approached and employed, but it certainly won't be all of those who have been put on the pandemic sub-register.

ALISON ABUD:

This next question might be from someone who's on the pandemic sub-register, I'm not sure. But does working for DHHS as a public health officer in contact tracing count towards practice?

KIM GIBSON:

So, it may do. Again, it's about using your skills and knowledge as a health practitioner. And so, contact tracing, testing, and other roles that physios have been asked to do during this time, can be considered practice, yes.

ALISON ABUD:

And is there any advice on safety measures to continue practice in a private setting in the present COVID environment? Where would they get advice on that?

KIM GIBSON:

So, the most important thing to do is to keep in touch with your health department website and their rules, regulations, and guidance during this time. Each of the states have different information given that how the pandemic is playing out has been different in each jurisdiction. So, you should, at this time, bookmark the website of your local health department and make sure that you are abiding by their rules, but also accessing their resources. You can also find significant resources on the professional association's website. That can be really helpful, whether you are in the private sector or wherever you are working in the community.

ALISON ABUD:

OK, also, so I'm just jumping around now. We probably only have time for a few more questions. So I'm just trying to pull out some of the themes. What about physios who have restrictions in place, that are restricted not to practice while being investigated?

KIM GIBSON:

So, nothing changes during this time, if that is a COVID kind of requirement. But if they were required not to practice because they have restrictions on their practice, then that isn't a factor in recency of practice issue. The issue for their registration will be about their restrictions. I hope that answered the question. I'm not sure that makes sense. (LAUGHS)

ALISON ABUD:

If not, we can write it up as an FAQ to be viewed at a later date. There are a couple in relation to that.

SPEAKER:

Kim has dropped offline.

ALISON ABUD:

OK. Alright, well, I might just wrap it out there because we're nearly at the hour anyway. So, if you didn't hear your question answered, it might be because it was very similar to somebody else's or we just ran out of time. But we will, as we said, we'll publish the FAQs and put them into themes as they've been raised today. So, hopefully all of the questions that you have posted today and prior to the webinar will be answered when we put the presentation up online.

So, I'd like to take this opportunity to thank you for all attending and your participation today. And Kim, even though she can't hear me, for taking us through all the ins and outs about returning to practice for physiotherapists. And on behalf of the Board, we'd like to wish everybody a very happy Physiotherapy Day. And thank you for the attendance. Thank you.

End.