

Physiotherapy Board Five Year Improvement Report

Including Analysis of Complaints and Notifications

Overview

The Board has been on a journey over the last five years to improve the way we work, the service we provide and our commitment to public safety.

This publication highlights some of the improvements and the drivers of these developments. Complaints and notifications data and analysis is included in this report – many of you ask for this information and it has been one of the drivers for change.

Key Improvements

Overseas Registration

The performance of review and decisions on overseas applications for registration was poor 5 years ago with some applicants waiting up to 18 months for a decision.

A full end to end process review was undertaken and subsequent changes in the process has reduced this to an average of 3 weeks (if the application is complete). Clearer guidance, self-assessment and faster communication channels have been the main drivers of the reduction in timeframes. There are still a number of applications that arrive incomplete – this is the main reason for any delays in decisions on whether the applicant is successful or not.

There has been significant growth in the number of applications for registration (see Appendix One).

Annual Practising Certificates

Many will remember the days when it was paper based. For the staff it was cumbersome, required a lot of double-handling of applications (primarily around declined credit cards) and did not provide an efficient service to physiotherapists.

Moving to on line annual renewal transformed the process of application for renewal of your APC or Non-Practising (NP) status. Improvements are continuing and the current Dashboard is being rebuilt for the coming year which will enhance the service and usability.

Return to Practise

The Return to Practise programme process and user feedback was reviewed. It highlighted a lack of timeliness and less than positive feedback was provided. While small numbers return to practise (after 3 years of being NP) it is an important service. The sequencing of what is required has changed along with some processes now happening in parallel rather than sequential. This has reduced the time from application to decision.

Complaints and Notifications

This has been one area of Board activity that has undergone the most significant improvements. There were a number of steps undertaken to improve this part of the Board work, including:

- Capture of complaints and notifications (we ensured we managed all calls, notifications and logged them);
- Reviewed our process from start to finish. This resulted in some significant improvements to ensure compliance with the Health Practitioners Competence Assurance Act 2003 (HPCAA) and the principles of natural justice;
- Board, PCC member, competence reviewer and staff training;
- IT improvements to ensure the right information was stored appropriately;
- Increased communication with the profession and public on what is a complaint/notification and how to let us know;
- Improved communication with the complainant and the physiotherapist who is the subject of the complaint;
- Communication with key stakeholders including ACC, HDC and PNZ about our process.

It is not possible to say what triggered the increase in complaints – it may be nothing to do with the improvements the Board has made – it may be that the public and the profession are more willing to speak up. What we do know is that there has been a significant increase in the numbers of complaints and notifications received, there are more Professional Conduct Committees (PCC) established to investigate conduct matters and an increase in charges laid by the PCC's to the Health Practitioners Disciplinary Tribunal (HPDT).

The statistics related to complaints and notifications is attached to this report in Appendix Two.

Review of the Aotearoa New Zealand Code of Ethics and Professional Conduct (The Code)

The Code of Ethics is a joint document between the Board and Physiotherapy New Zealand (PNZ). The Code sets the expectations for the professional behaviour of registered physiotherapists working in New Zealand.

The Code was reviewed and a revised version released in May 2018 to ensure it is reflective of the current ethical environment for physiotherapists practising in a variety of settings in New Zealand and aligns with the *Physiotherapy practice thresholds in Australia & Aotearoa New Zealand* (the thresholds). The addition of the commentary provides some interpretation of the principles. As well as setting the standard for ethical decision-making, it is expected the Code with commentary may assist with challenging ethical dilemmas, which require additional debate with peers before reaching a decision. The Code is available as part of the Physiotherapy Standards Framework: www.physioboard.org.nz/standards

Development of a suite of Physiotherapy Standards

A suite of 14 new Physiotherapy Standards were developed in consultation with the profession and key stakeholders. They describe in detail the expected minimum clinical and cultural standards for specific issues identified as relevant to physiotherapy.

One of the main drivers for the development of these new Standards (released in May 2018) was the increase in complaints and notifications.

The Board has completed the first implementation of these Standards through a series of Roadshows and further education is being provided. The Standards are available as part of the Physiotherapy Standards Framework: www.physioboard.org.nz/standards

Improved Workforce Data and Information

In the last five years we have sourced employment information from the voluntary and anonymous Annual Workforce Survey online. Our approach has been more consistent on a year to year basis than it was as a paper-based survey. In addition we apply a greater depth of analysis to the data.

Through these improvements we can determine key demographic and employment information about the profession and then compared to data from previous years. These trends help inform key decisions about the profession and our operations. Full workforce data reports are available in our annual reports: www.physioboard.org.nz/annual-reports

Communication

The Board recognised the importance of communication and engagement. As such the Board and staff are more active in their communication, out and about, improved the website (this is now undergoing a refresh), refreshed our newsletter and have expanded our social media presence. This has been rewarded with significant increases in all of our engagement metrics including newsletter open and click statistics, social media engagement statistics, and return rates for online consultation. More qualitatively, we have also had an increase in positive interactions with practitioners.

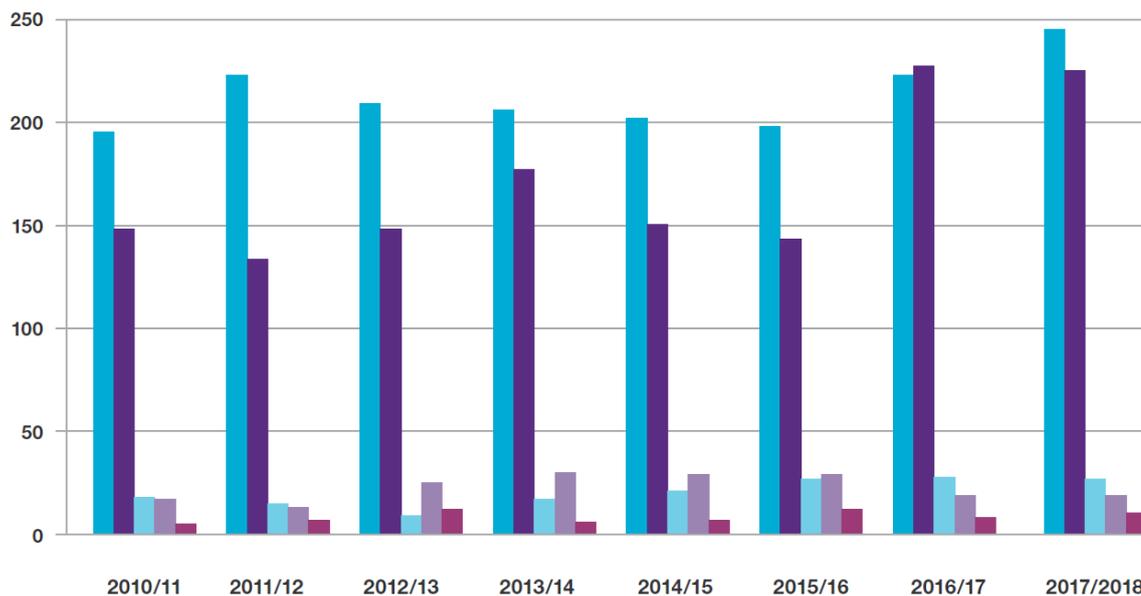
Summary

The Board is committed to ongoing development and improvement. Currently it is working on:

- review and improvement in the recertification programme
- whether there should be a further Scope of Practise (Advanced)
- further draft Standards
- further enhancement of education
- a refreshed website

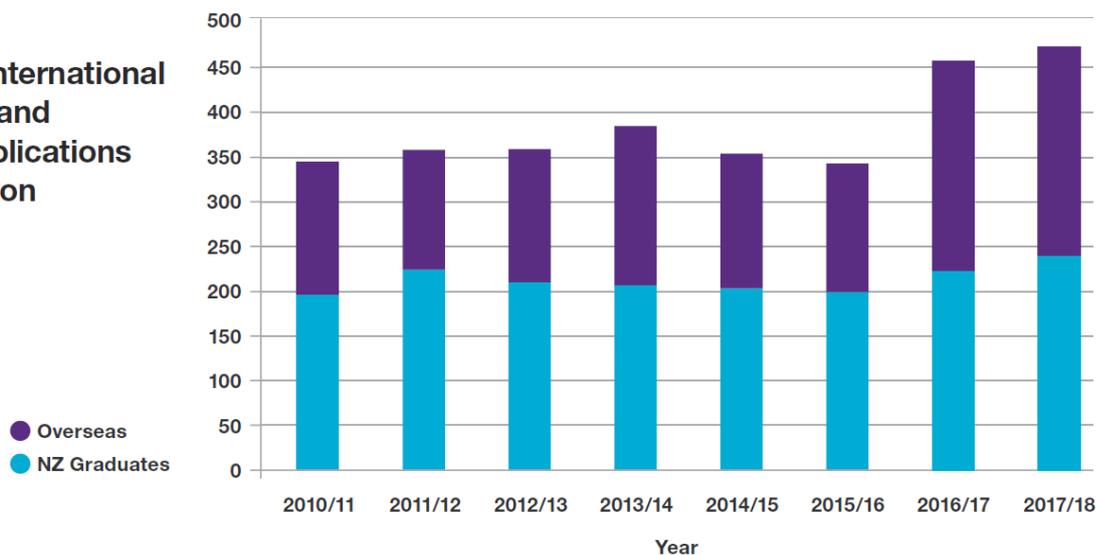
Appendix One Registration Data

Number of registered physiotherapists by Scope of Practice



Scope of Practice	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/2018
NZ Graduates	196	224	210	207	203	199	224	247
Overseas	149	134	149	178	151	144	228	224
TTMR	18	15	9	17	21	27	28	27
Postgraduate	17	13	25	30	29	29	19	19
Visiting Presenter	5	7	12	6	7	12	8	10

Number of international vs New Zealand qualified applications for registration



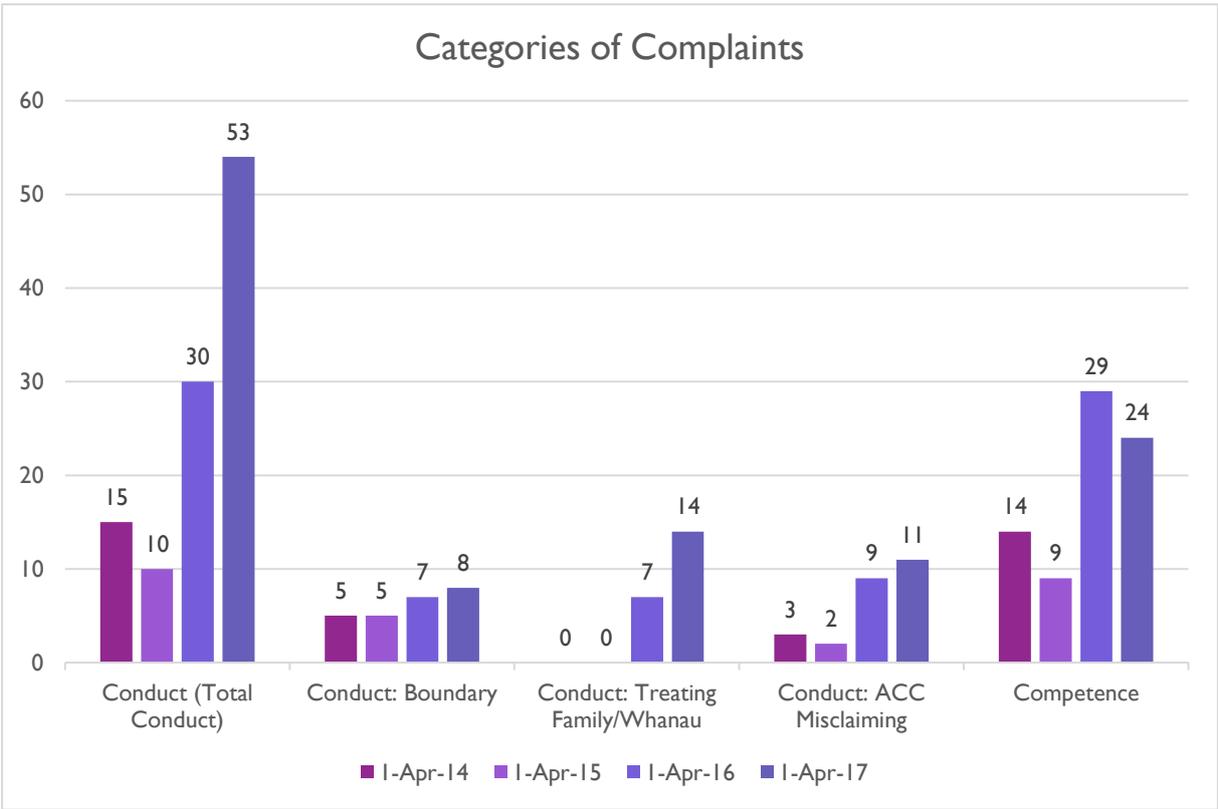
Appendix Two Complaints and Notifications

The data below relates to complaints and notifications received by the Board between 1 April 2014 and 31 March 2018 (the **Reporting Period**). An analysis of data regarding complaints received during the Reporting Period is set out below.

The Board received 191 complaints within the four year Reporting Period.

Common categories of complaints

- Most of the complaints (108 cases) relate to practitioner conduct.
- The most common types of complaint in this category involve boundary concerns, such as allegations of assault or inappropriate relationships between practitioners and patients (25 cases), and invoicing third party funders (25 cases).
- Other conduct-related complaints concern the provision of treatment to family/whānau without exceptional circumstances and inappropriately invoicing third party funders for this treatment (21 cases).
- 76 complaints related to a practitioner’s competence. Most of these complaints involved allegations that the practitioner had not provided an adequate standard of care or had not communicated adequately with the patient. The remaining competence complaints concerned allegations regarding the standard of clinical notes or record keeping.



Source of complaints

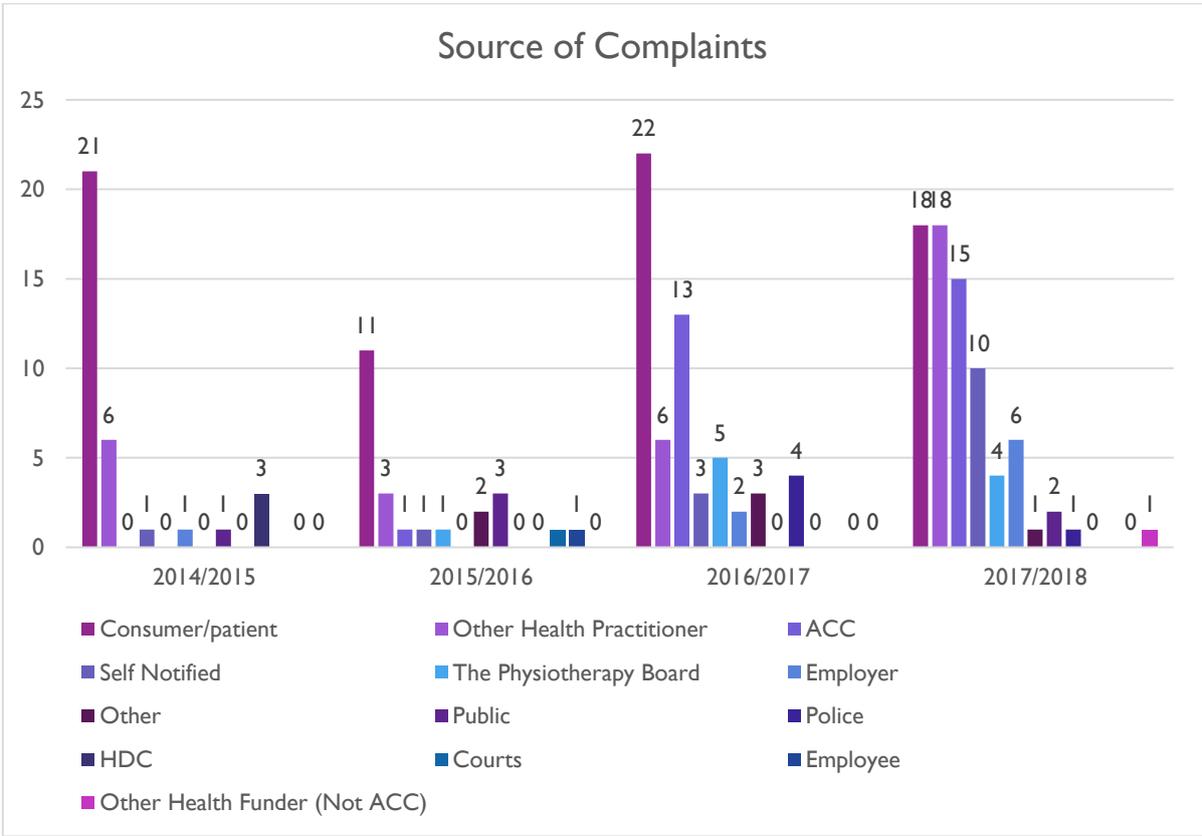
Most complaints were received from patients/consumers (72).

In addition, a significant number of complaints or notifications were notified by other health practitioners (33) or by ACC (29). The remainder were notified by the practitioner (15), the practitioner’s employer (9), a member of the public (6), the Police (5), HDC (3), the Courts Service (1), an employee of the practitioner (1), a health insurer (1) or other sources (6).

The most significant change during the 4 year reporting period is in the last year (2017 – 2018) where the number of complaints by the public/patient were the same as that of *other health practitioner*. The majority of the other health practitioner were physiotherapists.

The Secretariat of the Board raised concerns about practitioners in ten cases. Most concerns related to practitioners practising without an APC.

A small number of anonymous complaints are received each year (12 in total during the reporting period). A complaint is classified as anonymous where the complainant does not wish to disclose their identity, or where the complainant does not wish to disclose the identity of the practitioner who is the subject of the complaint. These complaints are counted but are generally not able to be pursued.



The demographic of complainants is of interest. During the reporting period 47 (67.14%) of 72 complaints received from patients/consumers were made by a female patient/consumer. Age and other demographic data is being collected, however, it is limited and incomplete for the Reporting Period.

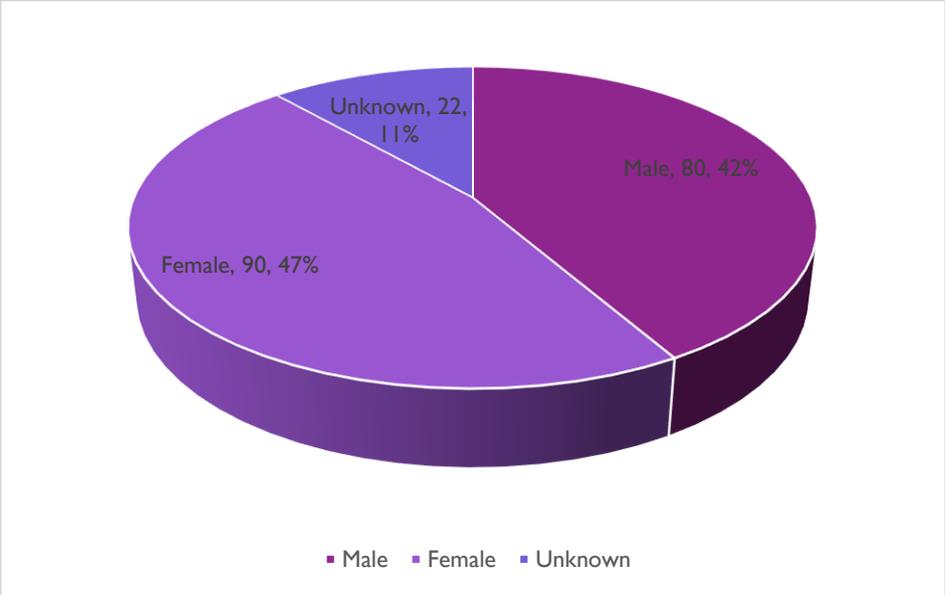
Trends

As the Reporting Period is relatively short, it is difficult to determine or draw reliable conclusions regarding trends.

The following is a breakdown by demographic and other indicators relevant to the subject.

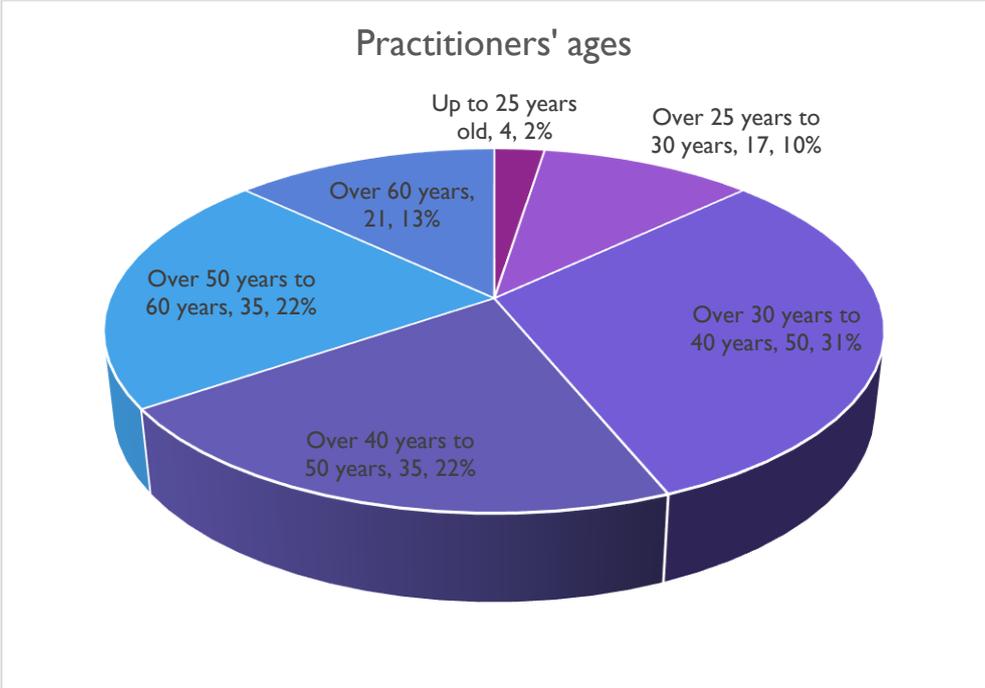
Gender of practitioners who are the subject of a complaint

Of the 191 complaints/notifications, 90 were made against female practitioners and 80 complaints involved male practitioners. Male practitioners represent approximately 25% of the profession, therefore male practitioners appear over-represented in the data.



Practitioners' age at the time of complaint

The data indicate that majority of complaints/notifications within the Reporting Period related to practitioners who were over 30 years old at the time of the complaint.



The largest number (approximately 31%) of complaints (50) concerned practitioners who were between 30.01 to 40 years of age.

A significant number of the remainder of the complaints involved practitioners who were between 40 to 50 years (35), 50 to 60 years (35), and over 60 years (21) at the time of the complaint.

Four complaints concerned practitioners who were aged 25 years or younger.

The number of years since the practitioner gained registration

Number of years since practitioner's Registration**			
Practising year beginning	Up to 5 years since registration	5.01 and 10 years since registration	Greater than 10 years since registration
1-Apr-14	5	5	23
1-Apr-15	4	3	13
1-Apr-16	7	9	36
1-Apr-17	13	5	40
Total	29	22	112

** Where known

The information above indicates that the majority (112) of complaints received within the Reporting Period related to practitioners who gained registration more than ten years prior to the date of the complaint.

The number of years since the practitioner gained qualification

Number of years since practitioner's Qualification**			
Practising year beginning	Up to 5 years since Qualification	5.01 and 10 years since Qualification	Greater than 10 years since Qualification
1-Apr-14	2	7	24
1-Apr-15	2	3	13
1-Apr-16	5	10	35
1-Apr-17	11	7	39
Total	20	27	111

** Where known

The information above indicates that the majority (111) of complaints received within the Reporting Period related to practitioners who had gained their qualifications more than ten years prior to the date of the complaint.

Complaints against those practitioners who qualified in New Zealand compared to those who qualified overseas

Since 1 April 2014, there have been 1,723 new registrants. Of these 873 were New Zealand qualified and 850 are internationally qualified.

Approximately 70% of the complaints received concerned practitioners who qualified in New Zealand (133 complaints). This compares with 16% of complaints concerning overseas-qualified practitioners (31 complaints). In approximately 14% of cases, the country of qualification is unknown.

The number of overseas-qualified practitioners who were registered during the reporting period accounts for just over 49% of all registrants in that period, compared with just over 51% of New Zealand-qualified practitioners, registered within the same period.

Note: Graduates from New Zealand tend to become registered at the same time of year. At the time of writing most of the New Zealand class of 2017 (229 out of 236) have gained registration. In contrast the registration of overseas-qualified practitioners occurs over a wider timespan each year.

Practitioners who are the subject of multiple complaints

15 practitioners have been the subject of more than one complaint within the Reporting Period.

The range of multiple complaints is two to five.

Five complaints were received against one practitioner.

Overall trends

The data set is small and the Board's analysis continues to develop. Therefore, no firm conclusions can be drawn; what we do know is that the numbers of complaints and notifications is trending up. What the data also shows is the Board has received higher numbers of complaints and notifications from the following categories of data:

- Male physiotherapists
- Over the age of 30 years
- New Zealand-qualified
- Qualified and Registered ten or more years prior to the complaint being lodged with the Board

Complaints and notification are more likely to be made by:

- a patient
- a health practitioner (mainly another physiotherapist)
- a third party funder (ACC)

The most common categories of complaints/notifications:

- Conduct
 - Boundary allegation
 - Improper invoicing and or claiming to a third-party funder

The number of complaints as a percentage of current practising physiotherapists is relatively small.

Practising year beginning	Total number of complaints	Number of APCs issued	Number of complaints as a percentage of APC holders
1-Apr-14	33	4,514*	0.73
1-Apr-15	24	4,703*	0.51
1-Apr-16	58	4,909*	1.18
1-Apr-17	76	5,133	1.48

*Data obtained from published Annual Reports

Outcomes of complaints which occurred within the reporting period

There are several possible outcomes resulting from a complaint/notification being received by the Board.

Where the Board determines a complaint/notification requires investigation, the Board refers the matter to a Professional Conduct Committee (PCC).

At the time of writing, of the 191 complaints received in the Reporting Period:

- 40 complaints (33 physiotherapists as some had multiple complaints that were referred to the same PCC) were referred to a PCC for investigation. Almost 1 in 5 complaints results in a referral for investigation by a PCC.
- 16 competence reviews
- 19 educative interventions
- 129 with no further action and closed (includes 12 not progressed as they were anonymous)
- 60 are still open and ongoing
- 2 withdrawn by the complainant

Some complaints may have more than one outcome, for example, a PCC may recommend a competence review, or a practitioner may be the subject of a competence review and an educative intervention.

The PCC has laid charges before the Health Practitioners Disciplinary Tribunal (HPDT) in 4 cases. In one other case, the Director of Proceedings brought a charge before the HPDT.

Cost of PCCs and HPDT Hearings

Practising Year	Cost of PCCs	% Increase	Costs associated with HPDT hearings	% Increase
2014-2015	\$19,551.10		No hearings	
2015-2016	\$47,997.03	145.50%	\$11,100.50	100%
2016-2017	\$197,461.65	311.40%	\$103,751.13	834.65%
2017-2018	\$257,306.66	30.31%	\$116,764.55	12.54%

Each practising year since 2014 the costs associated with Professional Conduct Committees and cases brought before the HPDT have increased substantially. The greatest percentage increase occurred between the practising years 2015-2016 and 2016-2017.