

Physiotherapy ‘Extended Scope’ in New Zealand

An Update to the Profession following the Board’s Survey in 2014.

Background

At its meeting In August 2013 the Physiotherapy Board (the Board) resolved to: ‘*support the concept of extended scopes of practice for physiotherapy, and to explore the issues*’. A Steering Group was set up to develop a draft potential framework for extended scope. The Steering Group consists of Janice Mueller (Physiotherapy Board Chair), Maarama Davis (Physiotherapy Board Deputy Chair), Dr Duncan Reid (AUT University), Janet Copeland (Physiotherapy New Zealand Research), Jeanette Woltman-Black (Physiotherapy Board Chief Executive), Jill Duggan (Accreditation and Project Manager, Physiotherapy Board Secretariat, and Cheryl Hefford (Professional Advisor, Physiotherapy Board Secretariat and Chair of the Steering Group).

In February / March 2014 physiotherapists were invited to participate in an online survey designed to find out how the profession perceived extended scope, and whether or not they endorsed the concept of extended scope for physiotherapists.

The Steering Group also conducted a review of the literature including how extended scope is being developed and used in other countries and health systems.

Summary of the Survey Results

Thank you, again, to all those who responded to the survey. We have read and considered all your input and comments, which were hugely appreciated.

There were 983 respondents to the survey, of which 84% hold a current APC. This gives a response rate of 22% of all APC holders. The respondents were from across all types of practice as follows: Private practitioners (48%), DHB clinicians (21%), DHB leaders (4%), Academics (5%), Other leaders (3%), “Other” (14%) and Not in NZ (17%)¹.

93% of respondents supported the development of an extended scope framework for physiotherapists.

Although 22% was a good response for an online survey, the relatively small number of respondents means that results are considered indicative only.

What became very clear from the survey was there is a desire for some sort of recognition of the expertise and additional qualifications for highly experienced physiotherapists and the profession has a very broad and varied interpretation of what constitutes extended scope.

¹ This does not add up to 100% as some (especially ‘Not in NZ’) also answered in the other categories.

Key Points from the Survey

The proposed framework elements were supported by **80%** of respondents. Other elements suggested mainly reflect the greater detail already in the proposed framework.

There were too many different tasks / activities identified by survey respondents as potentially being 'extended scope' for all to be included in this summary. Some of these tasks and activities may meet the Board's definition of extended scope of practice, whereas others may pertain to those undertaking "expanded" activities within general scope of practice.

A majority identified prescribing (limited and/or independent), joint or other injection (e.g. Botox), MRI requesting and diagnostic ultrasound as being potentially 'extended scope'.

In response to the survey question 9 (n = 704) "What tasks or activities would you see as potentially being covered by an extended scope for physiotherapists? 495 (**73%**) supported limited prescribing, and 234 (33%) supported independent prescribing, 404 (57%) supported joint injection, and 209 (30%) supported 'other' injection (e.g. botox).

In response to the survey question 10 (n = 704) "If you are currently working in an area of special interest, what 'extended scope tasks' could enhance your job? Please give details of what and why", 321 thought that their job in their area of special interest could be enhanced and 125 of these responded that prescribing would enhance their current practise.

The highest responses for the areas of practice where extended scope would be useful were for orthopaedic clinics (78%) and sports team management (71%). A summary of other potential areas commonly identified included: private practice, respiratory clinics, ICU, neurology clinics, rural areas where there is a lack of other health practitioners, pain clinics, rheumatology clinics, women's health clinics, paediatric clinics, palliative care / oncology, hand therapy clinics, and mental health.

Approximately one third of respondents thought they would be likely to apply for extended scope and one third thought they would not; and one third were unsure.

The majority of respondents (87%) agreed with the term 'extended scope'.

Other comments were received including concerns about the affordability of extended scope for employers / funders due to possible remuneration extension. Similarly, many practitioners cited increased remuneration as a driver for extended scopes. This differs from the Physiotherapy Board's (the Board's) reason for regulation which is the protection of the health and safety of the public.

Next Steps

1. Clarification of Definition

Upon reflection, it is acknowledged that there is still confusion amongst physiotherapists about extended scope, especially as other countries (for e.g., UK, Australia) may use the terms 'extended scope' and/or 'expanded scope' in different ways. It is therefore imperative

that the Board clarifies extension of scope for New Zealand physiotherapists within the context of the Health Practitioners Competence Assurance Act 2003 (HCPA).

As well as conducting the survey, the Steering Group has consulted with other responsible authorities who have developed scopes of practice for prescribing, as well as exploring how other countries similar to our own have developed 'extensions of scope', such as prescribing.

At its December meeting, the Board approved a revised definition of Extended Scope as follows:

“An Extended scope of practice describes a discreet knowledge and skill base additional to the current prescribed General and Specialist scopes of physiotherapy practice and meets all relevant regulatory requirements”.

2. Develop a Proposed Scope of Practice for Prescribing Medicines

The Board intends to begin the process of developing an extended scope for prescribing medicines. The competencies will be developed along the lines already developed in Australia by Health Workforce Australia (HealthWorkforce Australia, 2013).

3. Continued Communication

We will keep you informed of progress.

HealthWorkforce Australia. (2013). *Health Professionals Prescribing Pathway (HPPP) Project - Final report.*