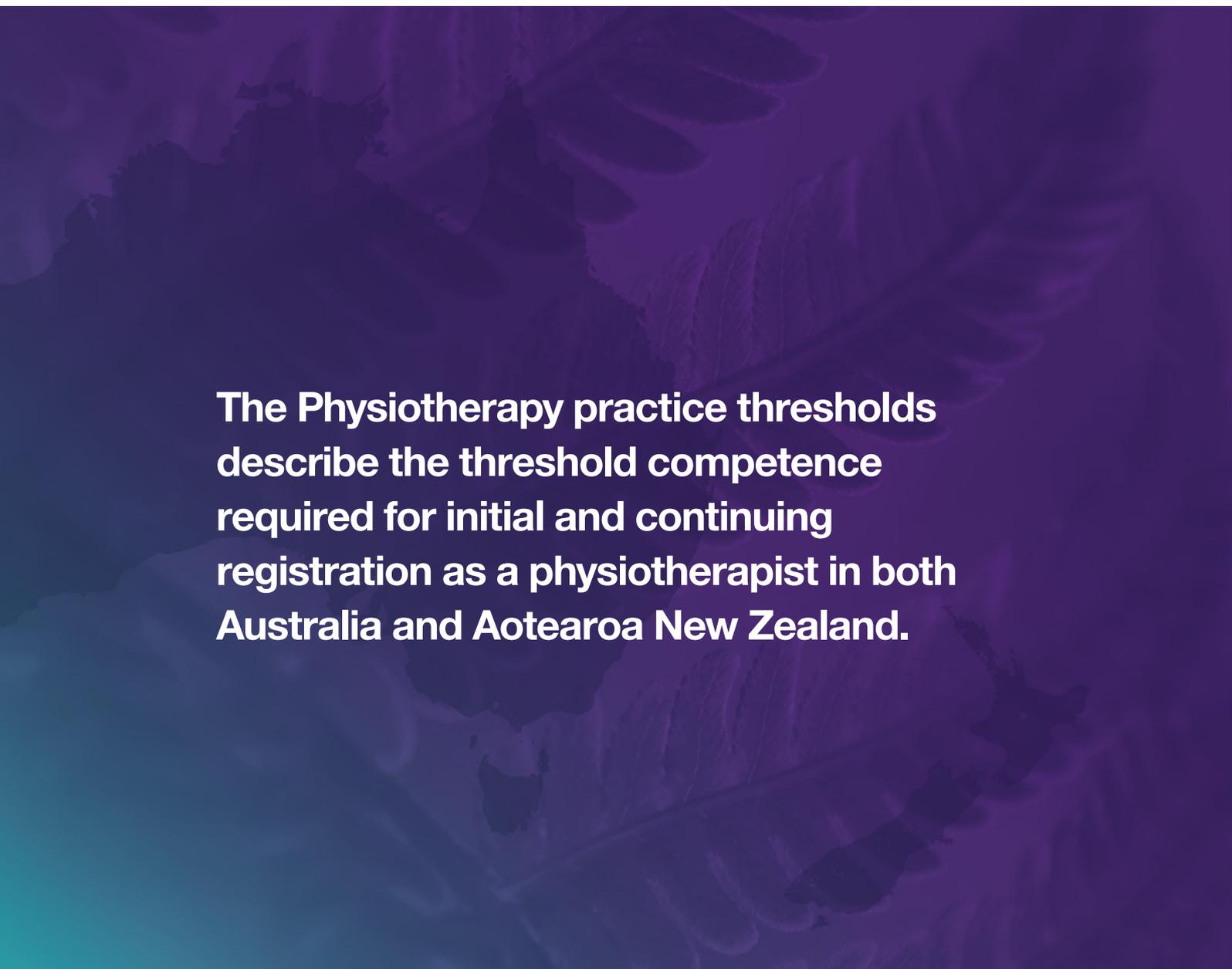


Physiotherapy practice thresholds in Australia & Aotearoa New Zealand

1 May 2015





The Physiotherapy practice thresholds describe the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand.

Contents

Introduction	4
Physiotherapy practice in Australia and Aotearoa New Zealand	10
Overview of roles and key competencies	14
Role 1: Physiotherapy practitioner	15
Role 2: Professional and ethical practitioner	17
Role 3: Communicator	18
Role 4: Reflective practitioner and self-directed learner	19
Role 5: Collaborative practitioner	21
Role 6: Educator	22
Role 7: Manager/leader	23
Glossary	24
Bibliography	27
Appendix 1: Development of the Physiotherapy practice thresholds	30
Appendix 2: Regulation of physiotherapists in Australia and Aotearoa New Zealand	32



Introduction

Background to the Physiotherapy practice thresholds

The Physiotherapy Board of Australia (PhysioBA) and the Physiotherapy Board of New Zealand (PBNZ) worked together between 2012 and 2015 to develop and publish the *Physiotherapy practice thresholds in Australia and Aotearoa New Zealand* (referred to here as “Physiotherapy practice thresholds”).

The PhysioBA and PBNZ will regularly review the published Physiotherapy practice thresholds to maintain their relevance to the expectations of threshold competence required for contemporary physiotherapy practice in Australia and Aotearoa New Zealand.

Purpose of the Physiotherapy practice thresholds

The Physiotherapy practice thresholds describe the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand.

Format of the Physiotherapy practice thresholds

The format of the Physiotherapy practice thresholds draws on a competency framework, the CanMEDS framework, developed by the Royal College of Physicians and Surgeons of Canada (Royal College). The CanMEDS framework “describes the abilities physicians require to effectively meet the needs of the people they serve” (Frank, Snell, Sherbino et al, 2014, p 1). The CanMEDS framework emerged in the 1990s and was first launched by the Royal College in 1996 and subsequently updated in 2005. The Royal College will publish a third version in late 2015.

The main feature of the CanMEDS framework is the thematic arrangement of competencies based on seven integrated roles of physicians in practice. The thematic arrangement of competencies based on roles of practitioners in practice, drawing on the CanMEDS framework, has gained acceptance in several other countries. The medical profession in Australia, Aotearoa New Zealand, Denmark and the Netherlands has adapted the CanMEDS framework for entry to medical practice. Other professions, including the physiotherapy profession in Canada and the Netherlands, have drawn on the CanMEDS framework to describe the competencies that are “essential” at the beginning of, and throughout, a practitioner’s career.

In applying the CanMEDS approach, the Physiotherapy practice thresholds arrange key competencies within seven integrated and thematic roles: *Physiotherapy practitioner, Professional and ethical practitioner, Communicator, Reflective practitioner and self-directed learner, Collaborative practitioner, Educator and Manager/leader*. Although the Physiotherapy practice thresholds arrange key competencies within separate roles, the *Physiotherapy practitioner* role is central to physiotherapy practice in any context, and, as practitioners, physiotherapists integrate the other roles in the Physiotherapy practice thresholds with that central role as they apply to the context of the physiotherapist’s practice.¹

¹ The integration of the central role of the Physiotherapy practitioner with the other roles is best illustrated by the CanMEDS diagram. The CanMEDS diagram has not been reproduced or adapted in this document because it is officially trademarked. It can be viewed at www.royalcollege.ca/portal/page/portal/rc/resources/aboutcanmeds.

The Physiotherapy practice thresholds expand on each of the seven roles at three levels:

1. role definition

2. key competencies

3. enabling components

“Role definition” describes the essential characteristics of physiotherapy practice encompassed by the corresponding key competencies. When combined, the seven role definitions describe the essential characteristics of a competent registered physiotherapist in both Australia and Aotearoa New Zealand.

“Key competencies” are described for each role. The key competencies are the practices necessary for a physiotherapist to safely and effectively perform the central role of physiotherapy practitioner in a range of contexts and situations of varying levels of complexity, ambiguity and uncertainty.² An individual should demonstrate threshold competence for all key competencies relevant to their field of practice.

“Enabling components” describe the essential and measureable characteristics of threshold competence for the corresponding key competency. Threshold competence requires an individual’s practice to comprise all the enabling components for the corresponding key competency.

The language used in the Physiotherapy practice thresholds describes behaviours that characterise threshold competence in practice. Each key competency and enabling component is prefaced by the words “Registered physiotherapists in Australia and Aotearoa New Zealand are able to”.

The key competencies and enabling components embed the complex conceptual, analytical and behavioural elements that integrate foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programmes. The Physiotherapy practice thresholds do not explicitly identify the corresponding foundational abilities (knowledge, skills, attitudes, values and judgements) that may be learnt in entry-level programmes at the level of task-oriented elements that, in isolation, do not assure threshold competence in practice.³

Uses of the Physiotherapy practice thresholds

The PhysioBA and PBNZ each have statutory functions as regulators of the physiotherapy profession in Australia and Aotearoa New Zealand respectively. One statutory function of the PhysioBA is “to register suitably qualified and competent persons in the health profession”.⁴ One of the statutory functions of the PBNZ is “to set standards of clinical competence, cultural competence and ethical conduct to be observed by the profession”.⁵

2 The context of a physiotherapist’s practice may not be limited to (and may not include) direct clinical care. Many of the abilities described in the key competencies are required in direct non-clinical relationships with patients or clients. The abilities are also required when registered physiotherapists work in management, administration, education, research, policy development, advisory contexts, regulatory contexts or other contexts impacting on public health and safety.

3 Unlike the *Australian Standards for Physiotherapy* (2006) and the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009), the Physiotherapy practice thresholds do not “deconstruct” the key competencies or enabling components into task-oriented performance criteria or examples of evidence.

4 Section 35(1)(a) of the Health Practitioner Regulation National Law Act as in force in each state and territory in Australia.

5 Section 118 of the Health Practitioners Competence Assurance Act 2003 (NZ).

The PhysioBA and PBNZ use the Physiotherapy practice thresholds as a reference point of threshold competence when exercising their statutory functions, including for:

- registration of individuals who completed an approved physiotherapy programme in Australia or a prescribed physiotherapy qualification in Aotearoa New Zealand (see section headed “Physiotherapy practice thresholds and accreditation of physiotherapy education in Australia and Aotearoa New Zealand” for more details)
- registration of individuals who complete their initial physiotherapy qualifications in other countries
- re-registration of individuals who were previously registered as a physiotherapist in Australia or Aotearoa New Zealand, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the PBNZ or PhysioBA receives a complaint or notification about that registrant.

The PhysioBA and PBNZ recognise that other organisations and individuals may use the Physiotherapy practice thresholds as a reference point of threshold competence for other purposes. This could include registrants’ self-assessment of their competence, employers’ performance evaluation and management of physiotherapists in the workplace, and the development of health policy and health workforce strategy by agencies responsible for such work.

Physiotherapy practice thresholds and accreditation of physiotherapy education in Australia and Aotearoa New Zealand

The PhysioBA and PBNZ do not generally directly examine or assess the competence of applicants for registration who completed their physiotherapy studies in Australia or Aotearoa New Zealand, if the programme of study is approved (Australia) or their qualification is prescribed (Aotearoa New Zealand). Instead, the PhysioBA and PBNZ have approved accreditation and/or audit arrangements that enable them to consider these applicants suitably competent for registration as a physiotherapist in the respective country.

As part of the accreditation/audit arrangements, the PhysioBA and PBNZ appoint an accreditation and/or audit body to assess if the physiotherapy programme, and the university that delivers it, provides students with the knowledge, skills and professional attributes to practise physiotherapy. In Australia, the PhysioBA has approved the accreditation standards developed and used by its accreditation body – the Australian Physiotherapy Council.

The Physiotherapy practice thresholds are not accreditation standards but are, as noted, a reference point for the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand. The language used in the Physiotherapy practice thresholds describes abilities in practice. The Physiotherapy practice thresholds do not explicitly identify the corresponding foundational abilities (knowledge, skills, attitudes, values and judgements) that may be learnt in entry-level programmes.

Concept of threshold competence

“**Threshold competence**” is used here to describe the competence level required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand. This is based on the premise that competence levels can be described on a continuum. The threshold represents the point on the continuum that delineates a minimum acceptable level of competence to practise as a physiotherapist. This level is described as “threshold competence”.

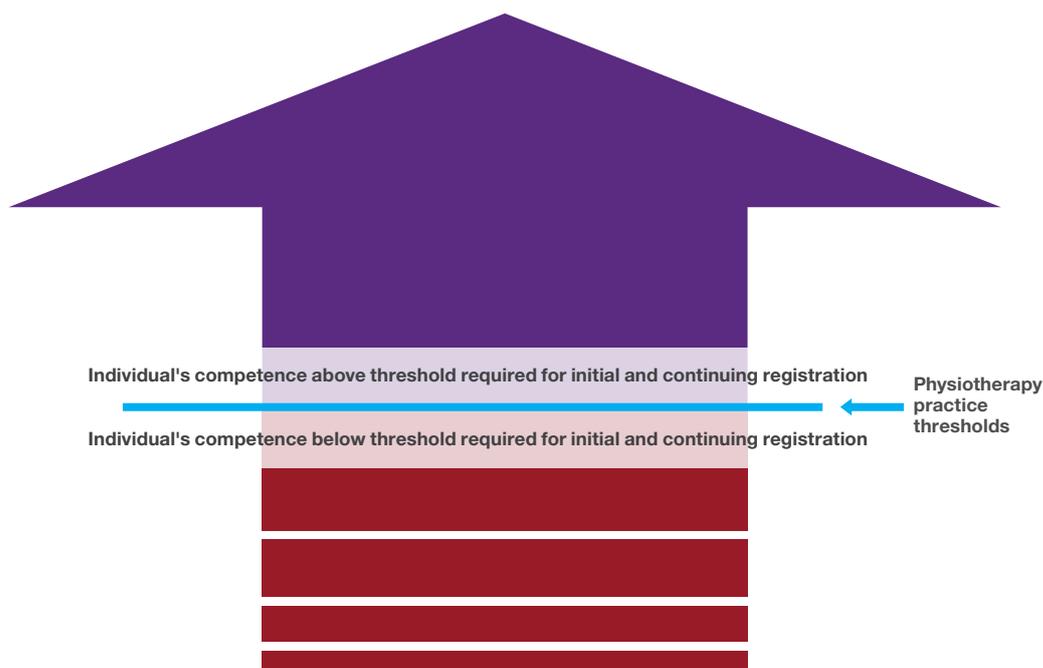


Figure 1: Continuum of threshold competence

Figure 1 illustrates the concept of a line on the competence continuum delineating “threshold competence”. The purple arrow represents the competence on the continuum above the threshold. The red area represents gradations of competence on the continuum below the threshold. The line labelled “Physiotherapy practice thresholds” is the lower margin of the purple arrow – that is, the minimum level of competence required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.

Threshold competence is often referred to as “entry-level” competence and is described from the perspective of an individual wishing to enter practice from below the line representing threshold competence. This approach often describes competence in the context of the current requirements for graduates of education programmes in Australia and Aotearoa New Zealand to enter practice. Entry-level competence described from this perspective frequently comprises task-oriented statements that identify the foundational abilities (knowledge, skills, attitudes, values and judgements) acquired in entry-level programmes during development of the key competencies necessary to practise as a registered physiotherapist at the time the competencies are written.

Rather than describing competence from the perspective of an individual wishing to enter practice from below the line representing threshold competence, the Physiotherapy practice thresholds describe physiotherapy practice at the line representing threshold competence. This perspective defines competence in the context of practice as a physiotherapist and is applicable to a range of contexts including individuals entering from education programmes in Australia and Aotearoa New Zealand. These contexts include physiotherapy practice across various settings and different chosen fields of practice.

The Physiotherapy practice thresholds use key competencies and enabling components to describe threshold competence. The key competencies and enabling components take into account the complex conceptual, analytical and behavioural elements that integrate competent performance of observable abilities into physiotherapy practice relevant to the key competency. The foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programmes are integrated in the abilities described by the key competencies and enabling components of the Physiotherapy practice thresholds.

Maintenance of competence

The Physiotherapy practice thresholds are relevant throughout a registered physiotherapist's career. They describe the minimum level of competence that all registered physiotherapists in Australia and Aotearoa New Zealand must maintain for continuing registration.

The PBNZ and PhysioBA recognise that each physiotherapist's level of competence and chosen field of practice may change over time. Physiotherapists may focus on a particular client group or area of physiotherapy specialisation, or work in roles that do not involve direct client care, such as research, education or management. The fields of physiotherapy practice will also change as new roles emerge in an evolving health-care environment.

Each registered physiotherapist must continue to demonstrate at least the minimum level of competence described by the Physiotherapy practice thresholds in the context of their chosen field of practice. If a physiotherapist wants to change their chosen field of practice, they need to first ensure they can demonstrate at least the minimum level of competence described by the Physiotherapy practice thresholds in the context of their changed field of practice.

A physiotherapist practising below threshold competence may pose a risk to the public. The PhysioBA and PBNZ recognise that many physiotherapists will seek to ensure they excel and maintain a higher level of competence than the threshold.

Essential components of threshold competence

The behaviours listed below are essential components of threshold competence for initial and continuing registration as a physiotherapist in Australia and Aotearoa New Zealand. These behaviours apply across the key competencies and enabling components but are described below to avoid repetition. Physiotherapists in Australia and Aotearoa New Zealand always:

- behave professionally and ethically
- consider each client as a whole, adopt client-centred and family/whānau focused (where relevant) approaches and prioritise cultural safety and cultural respect
- obtain the client's informed consent before acting and acknowledge the inherent power imbalance in the physiotherapist–client therapeutic relationship
- reflect on their practice, recognise the limits of their clinical expertise and competence and take timely action to effectively manage risk in their practice
- use evidence-based practice to support clinical decision-making
- integrate knowledge of pathology, anatomy, physiology and other core biomedical sciences relevant to human health and function, encompassing cardiorespiratory, musculoskeletal, neurological and other body systems, within the context of physiotherapy and the client's needs.

Physiotherapy practice thresholds and assessment of competence

The PhysioBA and PBNZ use the Physiotherapy practice thresholds as a reference point of threshold competence, including for:

- registration of individuals who completed an approved physiotherapy programme in Australia or a prescribed physiotherapy qualification in Aotearoa New Zealand (see section headed "Physiotherapy practice thresholds and accreditation of physiotherapy education in Australia and Aotearoa New Zealand" for more details)

- registration of individuals who complete their initial physiotherapy qualifications in other countries
- re-registration of individuals who were previously registered as a physiotherapist in Australia or Aotearoa New Zealand, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the PBNZ or PhysioBA receives a complaint or notification about that registrant.

The Physiotherapy practice thresholds provide a consistent reference point for assessing an individual's performance in the relevant context of physiotherapy practice. This includes assessment of:

- a physiotherapist's performance in the context of the workplace or a simulated setting for maintenance of registration
- a physiotherapy student's performance in the context of a clinical placement or simulated setting for education purposes
- individuals who were previously registered as a physiotherapist in Australia or Aotearoa New Zealand in the context of a competence assessment for re-registration
- individuals who qualify as physiotherapists in other countries in the context of a competence assessment for initial registration in Australia or Aotearoa New Zealand.

The Physiotherapy practice thresholds also provide a consistent reference point for threshold competence in the context of practice relevant to each of these assessments.

The key competencies and enabling components describe abilities that can be assessed in practice and provide a reference point of threshold competence that can be applied across a range of contexts of practice. Unlike the *Australian Standards for Physiotherapy* (2006) and the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009), the Physiotherapy practice thresholds framework does not “deconstruct” the key competencies or enabling components into task-oriented performance criteria or examples of evidence that reflect the context of current education in Australia or Aotearoa New Zealand. In an educational context, these abilities may be “deconstructed” into task-oriented performance criteria relevant to the foundational abilities integrated at the threshold competence level.

The Assessment of Physiotherapy Practice (APP) instrument established performance indicators and a rating scale for valid measurement of physiotherapy students' level of professional competence in workplace practice (Dalton, Davidson & Keating, 2011). The APP was developed after the *Australian Standards for Physiotherapy* (2006) and the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009) were published and embedded in the accreditation standards for physiotherapy programmes in Australia.

Like the *Australian Standards for Physiotherapy* (2006) and *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009), the Physiotherapy practice thresholds framework is not designed as a “stand-alone” means of measuring competence. The framework supports the establishment of additional performance indicators and rating scales for valid measurement of physiotherapists' competence for different purposes, in different settings and across different chosen fields of practice.

The context of a physiotherapist's practice may not be limited to (and may not include) direct clinical care. Many of the abilities described in the key competencies are required in direct non-clinical relationships with clients. The abilities are also required when registered physiotherapists work in management, administration, education, research, policy

development, advisory contexts, regulatory or other contexts that have an impact on safe, effective delivery of health services in physiotherapy. The performance indicators and rating scales for valid measurement of physiotherapists' competence will depend upon the purpose of the assessment of an individual's competence and the context of physiotherapy practice in which the assessment is taking place.

Terms used in this document

A glossary of terms is provided at the end of this document to help the reader's understanding of the content covered here.

Physiotherapy practice in Australia and Aotearoa New Zealand

Physiotherapists in Australia and Aotearoa New Zealand practise within a legislated regulatory framework (see Appendix 2). Only individuals who hold current registration with the PhysioBA (in Australia) and PBNZ (in Aotearoa New Zealand) are permitted to use the professional title "physiotherapist". In Australia and Aotearoa New Zealand, individuals are generally able to consult a physiotherapist without a third-party referral. This is often referred to as "primary contact" or "direct access" physiotherapy practice. If a third party, such as a government department or an insurer, is paying for a client's physiotherapy, the payment arrangement may require the client to consult another professional before attending physiotherapy.

It is relevant to describe physiotherapy practice in Australia and Aotearoa New Zealand because the Physiotherapy practice thresholds describe the threshold competence required for initial and continuing registration as a physiotherapist in each country.

Description of physiotherapy

The PBNZ has published the following description of the general scope of practice for physiotherapists in Aotearoa New Zealand.⁶

Physiotherapy provides services to individuals and populations to develop, maintain, restore and optimise health and function throughout the lifespan. This includes providing services to people compromised by ageing, injury, disease or environmental factors. Physiotherapy identifies and maximises quality of life and movement potential by using the principles of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well being.

Physiotherapy involves the interaction between physiotherapists, patients/clients, other health professionals, families/whanau, care givers, and communities. This is a people-centred process where needs are assessed and goals are agreed using the knowledge and skills of physiotherapists.

Physiotherapists are registered health practitioners who are educated to practise autonomously by applying scientific knowledge and clinical reasoning to assess, diagnose and manage human function.

The practice of physiotherapy is not confined to clinical practice, and encompasses all roles that a physiotherapist may assume such as patient/client care, health management, research, policy making, educating and consulting, wherever there may be an issue of public health and safety.

⁶ New Zealand Government Gazette, 11 December 2008, No. 192, p 5105.

In Australia, general registration allows unrestricted clinical practice within a practitioner's scope of practice. Unlike Aotearoa New Zealand, there is no defined scope of practice for physiotherapists in Australia. Scopes of practice vary according to different roles; for example, practitioners, researchers and managers will all have quite different competence and scopes of practice. The PhysioBA has published a definition of "practice".⁷ The following description is based on that definition:

Physiotherapy practice is any role, whether remunerated or not, in which the individual uses their skills and knowledge as a physiotherapist ... 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 or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that have an impact on safe, effective delivery of health services in physiotherapy.

Key features of physiotherapy in Australia and Aotearoa New Zealand

Physiotherapists in Australia and Aotearoa New Zealand share a culture of professionalism and ethical practice and are generally regarded by the community as socially responsible, trustworthy and credible. Throughout their careers, physiotherapists engage in professional development and practice to continuously maintain competence within their chosen field of practice.

Some physiotherapists in Australia and Aotearoa New Zealand further develop their chosen field of practice and work in roles that require advanced levels of competence. Many physiotherapists take on responsibilities other than direct client care. They may work in management, administration, education, research, advisory, regulatory or policy development roles and many other roles that have an impact on safe, effective delivery of health services. Physiotherapists are well suited to roles that require critical thinking, reasoned decision-making, advanced communication skills, problem-solving skills, leadership and intellectual capacity for innovative and lateral thinking.

Physiotherapists in Australia and Aotearoa New Zealand work in partnership with individuals and populations to optimise their function and quality of life. Physiotherapists promote health and implement strategies to prevent and minimise impairments, activity limitations and participation restrictions including those associated with complex and chronic conditions. Physiotherapists consider each client as a whole and facilitate each client's self-management. They evaluate each client's environment and recognise personal factors that may that client's functioning, disability and health. Physiotherapists in Australia and Aotearoa New Zealand consider these factors and client preferences as part of their evidence-based practice.

Cultural competence

Physiotherapists in Australia and Aotearoa New Zealand must be able to work effectively with people whose cultural realities are different from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture. A holistic, client-centred approach to practice requires cultural competence.

Cultural competence is a commonly used term that encompasses client-centred concepts focused on demonstrating cultural safety and cultural respect and that interact effectively with and respond to each client at all times. Culturally responsive practice requires physiotherapists to reflect not only on their own culture but that of their client and to engage in new and ongoing learning relevant to cultural safety.

⁷ Physiotherapy Board of Australia, March 2014, *Code of Conduct*.

Physiotherapists in Australia and Aotearoa New Zealand require a working knowledge of factors that contribute to and influence the health and well-being of Aboriginal and Torres Strait Islander and Māori communities respectively. These factors include history, spirituality and relationship to land, and other determinants of health in Aboriginal and Torres Strait Islander and Māori peoples.

Te Tiriti o Waitangi / the Treaty of Waitangi

Te Tiriti o Waitangi / the Treaty of Waitangi is a founding document of Aotearoa New Zealand and informs legislation, policy and practice. Government health policy aims to reduce health inequalities between Māori and non-Māori. Alongside this, the Health Practitioners Competence Assurance Act 2003 (NZ) requires health regulatory authorities, such as the PBNZ, to ensure registered health professionals meet set competencies (including cultural competencies).

To practise effectively in Aotearoa New Zealand, a physiotherapist therefore needs, in addition to meeting cultural competence, to understand the relevance and be able to demonstrate contemporary application of Te Tiriti o Waitangi / the Treaty of Waitangi's three principles of partnership, participation and protection and incorporate the four cornerstones of Māori health, which are whānau (family health), tinana (physical health), hinengaro (mental health) and wairua (spiritual health).

Partnership involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.

Protection involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Contexts of physiotherapy in Australia and Aotearoa New Zealand

Physiotherapists work across a diverse range of clinical and non-clinical settings in urban as well as regional, rural and remote geographical locations.

Contexts of physiotherapy practice and the ways physiotherapists work in Australia and Aotearoa New Zealand will change as health workforce roles evolve and new roles and technologies emerge.

The key competencies in the Physiotherapy practice thresholds apply to all contexts of physiotherapy practice, irrespective of setting, location, environment, use of technology, field of practice or workforce role.

Assumptions applying to the Physiotherapy practice thresholds

The Physiotherapy practice thresholds assume that, in addition to demonstrating threshold competence for initial and continuing registration, all physiotherapists in Australia and Aotearoa New Zealand have completed a professional entry-level physiotherapy programme leading to a higher education qualification in physiotherapy.

Successful completion of the physiotherapy programme should generally include learning and assessment of all the following foundational abilities:

- knowledge of relevant anatomy, physiology, pathology, other biomedical sciences relevant to human health and function, and psychosocial and other determinants of health encompassing cardiorespiratory, musculoskeletal, neurological and other body systems within the context of physiotherapy and best available research evidence, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice including evidence-based practice, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice with clients across the lifespan, from birth to end of life care, who present with one or more problems such as pain and/or impairment or dysfunction contributing to impairment, activity limitations and participation restrictions, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice across acute, rehabilitation and community practice in a range of environments and settings, and
- competence to practise as a physiotherapist autonomously as well as a member of an interprofessional team in relevant clinical situations, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice in health promotion and facilitation of client self-management strategies to enhance their health and well-being.

If a physiotherapist's studies led to a higher education qualification in physiotherapy but did not address the matters listed above, it is assumed the individual subsequently completed an examination or assessment to measure their competence before initial registration as a physiotherapist in Australia or Aotearoa New Zealand.

Overview of roles and key competencies

Role	Key competencies
	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
Role 1: Physiotherapy practitioner	1.1 plan and implement an efficient, effective, culturally responsive and client-centred physiotherapy assessment
	1.2 involve the client and relevant others in the planning and implementation of safe and effective physiotherapy using evidence-based practice to inform decision-making
	1.3 review the continuation of physiotherapy and facilitate the client's optimal participation in their everyday life
	1.4 advocate for clients and their rights to health care
Role 2: Professional and ethical practitioner	2.1 comply with legal, professional, ethical and other relevant standards, codes and guidelines
	2.2 make and act on informed and appropriate decisions about acceptable professional and ethical behaviours
	2.3 recognise the need for, and implement, appropriate strategies to manage their physical and mental health and resilience
Role 3: Communicator	3.1 use clear, accurate, sensitive and effective communication to support the development of trust and rapport in professional relationships with the client and relevant others
	3.2 record and effectively communicate physiotherapy assessment findings, outcomes and decisions
	3.3 deal effectively with actual and potential conflict in a proactive and constructive manner
Role 4: Reflective practitioner and self-directed learner	4.1 assess their practice against relevant professional benchmarks and take action to continually improve their practice
	4.2 evaluate their learning needs, engage in relevant continuing professional development and recognise when to seek professional support, including peer review
	4.3 efficiently consume and effectively apply research and commit to practice informed by best available research evidence and new knowledge
	4.4 proactively apply principles of quality improvement and risk management to practice
	4.5 recognise situations that are outside their scope of expertise or competence and take appropriate and timely action
Role 5: Collaborative practitioner	5.1 engage in an inclusive, collaborative, consultative, culturally responsive and client-centred model of practice
	5.2 engage in safe, effective and collaborative interprofessional practice
Role 6: Educator	6.1 use education to empower themselves and others
	6.2 seek opportunities to lead the education of others, including physiotherapy students, as appropriate, within the physiotherapy setting
Role 7: Manager/leader	7.1 organise and prioritise their workload and resources to provide safe, effective and efficient physiotherapy autonomously and, where relevant, as a team member
	7.2 lead others effectively and efficiently within relevant professional, ethical and legal frameworks

Role 1: Physiotherapy practitioner

Definition

As practitioners, physiotherapists integrate the other roles in the Physiotherapy practice thresholds with this central role in their practice context by working in partnership with individuals and populations to optimise their function and quality of life, promote health and implement strategies informed by best available research evidence to prevent and minimise impairments, activity limitations and participation restrictions including those associated with complex, acute and chronic conditions.

Key competencies	Enabling components
<p>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</p>	<p>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</p>
<p>1.1 plan and implement an efficient, effective, culturally responsive and client-centred physiotherapy assessment</p>	<p>1.1A skilfully share information and explanations with the client and relevant others about the purpose of physiotherapy assessment, any relevant risks and options</p> <p>1.1B plan a physiotherapy assessment drawing on applied knowledge of pathology, anatomy, physiology, other core biomedical sciences relevant to human health and function and determinants of health relevant to the client's impairments, activity limitations and participation restrictions</p> <p>1.1C collect information about the client's prior function, physical abilities and participation and identify the client's expectations of physiotherapy</p> <p>1.1D incorporate relevant diagnostic tests, assessment tools and outcome measures during the physiotherapy assessment</p> <p>1.1E analyse the client's response and information gathered during the physiotherapy assessment using clinical reasoning to identify any relationships between assessment findings and modify the assessment appropriately</p> <p>1.1F reflect on the client's presenting problems and information gathered during the physiotherapy assessment and use clinical reasoning to explore and explain the diagnosis and/or causes of presenting problems</p> <p>1.1G assist and support the client, other health professionals and relevant others to make informed health-care decisions by sharing information and explanations about the outcomes of the physiotherapy assessment and diagnosis and, where relevant, options for referral to other physiotherapists and health professionals for further investigation</p> <p>1.1H assist the client and relevant others to understand the risks and rationale for physiotherapy and any referrals to other professionals</p> <p>1.1I recognise and evaluate the social, personal and environmental factors that may impact on each client's functioning, disability and health</p>

Key competencies	Enabling components
<p>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</p>	<p>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</p>
<p>1.2 involve the client and relevant others in the planning and implementation of safe and effective physiotherapy, using evidence-based practice to inform decision-making</p>	<p>1.2A skilfully share information and explanations with the client, other health professionals and relevant others about the physiotherapy options available across a range of therapeutic approaches and environments to manage the client's presenting problems, and the benefits and realistic expectations of the risks and outcomes associated with each option</p> <p>1.2B facilitate discussions with the client and relevant others to reach agreed goals of physiotherapy that reflect realistic expectations of the risks and likely outcomes</p> <p>1.2C involve the client and relevant others in planning and implementing physiotherapy consistent with the agreed goals</p> <p>1.2D use specific and relevant measures to evaluate a client's response to physiotherapy, and recognise when that response is not as expected</p> <p>1.2E share information and explanations with the client, other health professionals and relevant others about the client's response to physiotherapy</p> <p>1.2F work collaboratively with the client, other health professionals and relevant others to review agreed goals and implement appropriate modifications to subsequent physiotherapy to maintain or improve outcomes</p>
<p>1.3 review the continuation of physiotherapy and facilitate the client's optimal participation in their everyday life</p>	<p>1.3A recognise the complex and interrelated factors including social, economic, physical, historical, political and cultural determinants that may impact on the client, their needs and response to physiotherapy</p> <p>1.3B engage with the client and relevant others to facilitate the client's optimal participation in their everyday life</p> <p>1.3C engage with the client and relevant others to develop an agreed plan to review the continuation of physiotherapy, recognise when physiotherapy is not suitable for the client and identify and facilitate access to more suitable options, including referral to other professionals</p> <p>1.3D when relevant, facilitate the client's transition to a new context, refer for further physiotherapy and link the client to relevant clinical and non-clinical support services</p> <p>1.3E engage with the client and relevant others to promote health, well-being and client self-management</p>
<p>1.4 advocate for clients and their rights to health care</p>	<p>1.4A recognise the client's knowledge, experiences and culture are integral to effectively addressing the presenting health issue and/or restoring function</p> <p>1.4B reflect on cultural factors and respond to the rights and cultural needs of the client and relevant others</p> <p>1.4C advocate for the client's equitable access to effective physiotherapy, other professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness</p> <p>1.4D recognise when the client's access to physiotherapy could be improved by resources such as technology and take action to facilitate that access when relevant</p> <p>1.4E where relevant, advocate for adequate resources to meet service goals and achieve positive outcomes of physiotherapy for their clients</p>

Role 2: Professional and ethical practitioner

Definition

As professional and ethical practitioners, physiotherapists are committed to standards of behaviour that comply with their legal, professional and ethical obligations, and managing their physical and mental health.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
2.1 comply with legal, professional, ethical and other relevant standards, codes and guidelines	<p>2.1A recognise the client's health-care rights and prioritise the client's needs, rights and interests, including their safety</p> <p>2.1B provide ongoing opportunities for the client to make informed decisions and consent to physiotherapy</p> <p>2.1C meet their legal, professional and ethical duties and obligations to clients, other health professionals, relevant others, regulators, insurers and/or funders, and the community more broadly</p> <p>2.1D complete documentation accurately and legibly using language and formatting that complies with relevant professional and legal obligations</p> <p>2.1E comply with confidentiality and privacy requirements when sharing the client's health and personal information</p> <p>2.1F comply with work health and safety obligations relevant to their practice context and the environment</p> <p>2.1G recognise and respect professional boundaries in professional and therapeutic relationships</p> <p>2.1H recognise and effectively manage conflicts of interest</p> <p>2.1I comply with legal and regulatory obligations when dealing with the client's health and personal information, client's health records and other physiotherapy documentation</p> <p>2.1J recognise inappropriate or unethical health practice and comply with relevant professional and legal obligations</p>
2.2 make and act on informed and appropriate decisions about acceptable professional and ethical behaviours	<p>2.2A comply with statutory requirements and standards for physiotherapy at all times</p> <p>2.2B show compassion, empathy and respect for clients, relevant others and professional colleagues</p> <p>2.2C apply professional ethical principles to decision-making</p> <p>2.2D practise physiotherapy within the limits of their scope of practice and expertise</p> <p>2.2E consult, share knowledge, refer or delegate when encountering an issue outside their scope of practice and expertise</p>
2.3 recognise the need for, and implement, appropriate strategies to manage their physical and mental health and resilience	<p>2.3A recognise the impact of stress and fatigue on their physical and mental health and resilience</p> <p>2.3B seek appropriate guidance and support from relevant others to manage their physical and mental health and resilience</p> <p>2.3C not knowingly expose the client or relevant others to increased risk associated with their (the physiotherapist's) physical and mental health and resilience</p>

Role 3: Communicator

Definition

As communicators, physiotherapists use written, verbal and non-verbal methods to effectively and respectfully communicate with clients, family/whānau, other professionals, communities and relevant others and facilitate gathering and sharing of information as appropriate for the situation or context.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
3.1 use clear, accurate, sensitive and effective communication to support the development of trust and rapport in professional relationships with the client and relevant others	<p>3.1A listen effectively to the client and relevant others and respond appropriately to verbal and non-verbal communication</p> <p>3.1B integrate communication technology into practice within relevant legal, professional and ethical frameworks</p> <p>3.1C recognise the culture, level of language and technology proficiency, health literacy and comprehension ability of the client and relevant others and provide communication in accessible formats</p> <p>3.1D adapt their written, verbal and non-verbal communication as appropriate for the situation or context</p> <p>3.1E recognise their communication preferences are influenced by environmental factors and their own culture</p> <p>3.1F adapt their written, verbal and non-verbal communication to reflect the culture, language proficiency, comprehension, impairments, age and health literacy of the client and relevant others</p>
3.2 record and effectively communicate physiotherapy assessment findings, outcomes and decisions	<p>3.2A record the client's clinical data and other information appropriately, accurately, legibly and in client-centred language as soon as practicable</p> <p>3.2B subject to any legal obligations, including client consent, discuss physiotherapy assessment findings and outcomes, and share decision-making with relevant parties including other professionals</p> <p>3.2C provide accurate and appropriate information to insurers and other third parties</p>
3.3 deal effectively with actual and potential conflict in a proactive, professional and constructive manner	<p>3.3A recognise when there is a risk of conflict with the client or relevant others and take timely and appropriate action to effectively manage that risk</p> <p>3.3B adapt communication to effectively resolve conflict with the client and relevant others through negotiation and cooperation, when relevant</p> <p>3.3C seek assistance, as appropriate, to mitigate risk of conflict and to resolve conflict with the client and relevant others</p>

Role 4: Reflective practitioner and self-directed learner

Definition

As reflective practitioners and self-directed learners, physiotherapists access best available research evidence to inform their practice and engage in critical reflection and relevant learning to maintain and enhance their professional competence and quality of their practice throughout their career.

Key competencies	Enabling component
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
4.1 assess their practice against relevant professional benchmarks and take action to continually improve their practice	<p>4.1A assess risks, quality of physiotherapy and the client's physical, verbal and non-verbal responses to physiotherapy throughout the therapeutic interaction</p> <p>4.1B reflect on their professional practice, engage in critical questioning of themselves and others and engage in ongoing personal and professional development to maintain and improve professional practice</p> <p>4.1C reflect on their culture and preferences to support cultural safety and cultural respect in their practice</p> <p>4.1D evaluate their professional support and guidance needs, and seek appropriate professional support and guidance to enhance professional competence, cultural safety and quality of practice</p> <p>4.1E engage in scholarly physiotherapy practice</p> <p>4.1F recognise opportunities to contribute to the development of new knowledge through research and enquiry</p>
4.2 evaluate their learning needs, engage in relevant continuing professional development and recognise when to seek professional support, including peer review	<p>4.2A evaluate their learning needs and gaps in professional competence as health workforce roles evolve and new roles and technologies emerge</p> <p>4.2B seek opportunities and engage in relevant activities to address their identified learning needs and maximise their learning</p> <p>4.2C initiate and implement strategies to develop and achieve realistic goals for their professional development in the workplace</p> <p>4.2D seek, accept, reflect on and respond appropriately to feedback from others in the practice context</p>
4.3 efficiently consume and effectively apply research and commit to practice informed by best available research evidence and new knowledge	<p>4.3A find, appraise, interpret and apply best available research evidence to inform clinical reasoning and professional decision-making</p> <p>4.3B critically appraise, interpret and apply learning from continuing professional development, clinical data and client responses to physiotherapy</p> <p>4.3C measure outcomes, analyse clients' responses to physiotherapy and plan modifications to enhance therapeutic outcomes</p> <p>4.3D advocate for physiotherapy that is supported by best available research evidence</p>

Key competencies	Enabling component
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
4.4 proactively apply principles of quality improvement and risk management to practice	<p>4.4A recognise when their expertise, competence or culture will potentially create risk or compromise the quality of physiotherapy or expected outcomes, seek appropriate and timely assistance, guidance or professional support and engage in relevant learning to enhance relevant aspects of expertise or competence</p> <p>4.4B practise in accordance with relevant clinical guidelines and use evidence-based practice to improve quality and minimise risk</p> <p>4.4C measure and analyse outcomes of practice and implement modifications to enhance those outcomes</p> <p>4.4D identify, assess, appropriately manage and report on risks, treatment injury, near misses and their consequences, adverse events and relevant contributing factors</p> <p>4.4E recognise barriers to efficiency and effectiveness and facilitate strategies that lead to quality outcomes and improvement</p>
4.5 recognise situations that are outside their scope of expertise or competence and take appropriate and timely action	<p>4.5A reflect on the client's response and seek guidance or assistance to effectively manage the therapeutic interaction</p> <p>4.5B seek appropriate professional guidance or assistance to effectively manage situations that are outside their scope of expertise or competence</p>

Role 5: Collaborative practitioner

Definition

As collaborative practitioners, physiotherapists work in partnership with clients, relevant health professionals and relevant others to share decision-making and support achievement of agreed goals through inclusive, collaborative and consultative approaches within legal, ethical and professional frameworks.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
5.1 engage in an inclusive, collaborative, consultative, culturally responsive and client-centred model of practice	<p>5.1A obtain knowledge from, with and about clients and relevant others</p> <p>5.1B work effectively, autonomously and collaboratively with the client and relevant others in a way that acknowledges and respects the client's dignity, culture, rights and goals</p> <p>5.1C collaborate and participate in shared decision-making with the client and relevant others</p> <p>5.1D respect opinions expressed by the client, family/whānau, other professionals and relevant others</p> <p>5.1E facilitate discussions with their clients and relevant others to negotiate and make decisions about physiotherapy for their clients</p> <p>5.1F when appropriate, educate the client and relevant others to implement therapy and monitor client response to that therapy</p> <p>5.1G effectively address barriers to effective professional collaboration</p>
5.2 engage in safe, effective and collaborative interprofessional practice	<p>5.2A recognise that the membership and roles of interprofessional teams and service providers will vary, depending on the client's needs and the context of physiotherapy</p> <p>5.2B collaborate effectively as a member of interprofessional teams that enhance clients' health care by contributing discipline knowledge and participating in collective reasoning and shared decision-making</p> <p>5.2C consult and share knowledge with professional colleagues, seek guidance, assistance or professional support in situations that are outside their expertise or competence or when outcomes of physiotherapy are not as expected</p> <p>5.2D gain cooperation and facilitate good working relationships with the client and relevant others</p> <p>5.2E understand, acknowledge and respect the roles of others providing care and services for the client and work effectively and collaboratively with them</p> <p>5.2F make appropriate decisions to delegate responsibility to, and accept delegation from, others when it is safe, effective and appropriate</p> <p>5.2G work as part of a client-centred interprofessional team that keeps the client's interests at the centre of the care process and recognises barriers to, and facilitates pathways for, efficient transfer of client care, when relevant</p> <p>5.2H collaborate with the interprofessional team to develop, implement, monitor and update policies and guidelines informed by best available research evidence</p>

Role 6: Educator

Definition

As educators, physiotherapists apply learning principles and strategies relevant to the practice context to facilitate learning by other professionals, students, clients, relevant others, funders and/or insurers, communities and governments.

Key competencies	Enabling components
<p>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</p>	<p>Registered physiotherapists in Australia and Aotearoa New Zealand are able to:</p>
<p>6.1 use education to empower themselves and others</p>	<p>6.1A apply adult learning principles to facilitate safe and effective learning and assumption of responsibility by other professionals, students, clients, relevant others and communities, taking into account, the level of knowledge, health literacy and role of the person they are educating</p> <p>6.1B support the education of other professionals and physiotherapy students</p> <p>6.1C educate physiotherapy assistants, health workers and relevant others to implement effective and safe therapy</p> <p>6.1D educate, motivate and empower the client and relevant others to take control of their health and well-being and implement effective self-management strategies</p> <p>6.1E recognise the educational value of learning experiences relevant to the physiotherapy setting</p> <p>6.1F use education and empowerment strategies to promote and optimise the client's health and well-being</p>
<p>6.2 seek opportunities to lead the education of others, including physiotherapy students, as appropriate, within the physiotherapy setting</p>	<p>6.2A initiate discussion and proactively recognise opportunities to educate others</p> <p>6.2B facilitate others' education</p> <p>6.2C model good practice, reflection and culturally responsive practice to others</p> <p>6.2D encourage and motivate others to engage in critical reflection and self-directed learning</p> <p>6.2E engage with others to initiate and implement strategies to support their professional development</p>

Role 7: Manager/leader

Definition

As managers and leaders, physiotherapists manage their time, workload, resources and priorities and lead others effectively within relevant clinical and professional frameworks.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
7.1 organise and prioritise their workload and resources to provide safe, effective and efficient physiotherapy autonomously and, where relevant, as a team member	<p>7.1A use appropriate strategies to manage their workload safely, effectively and efficiently</p> <p>7.1B use appropriate strategies to effectively manage and supervise individuals and groups in their work environment</p> <p>7.1C recognise and respond appropriately to change, uncertainty and ambiguity in their work environment</p> <p>7.1D operate effectively across a range of settings, and adapt effectively to changes in the practice context</p> <p>7.1E adapt and, where relevant, innovate to achieve realistic goals within available resources</p>
7.2 lead others effectively and efficiently within relevant professional, ethical and legal frameworks	<p>7.2A positively influence workplace culture and practice through strategic thinking, advocacy, critical reflection, innovative problem solving and initiative</p> <p>7.2B recognise their leadership style and apply their leadership skills as relevant to the practice context</p> <p>7.2C encourage, guide and motivate others to operate effectively and efficiently in the practice context</p> <p>7.2D recognise and report risks within the workplace, including those associated with cultural safety, and work proactively to promote a risk-free environment for clients and relevant others</p> <p>7.2E advocate, facilitate and, when relevant, lead physiotherapy practice that is informed by best available research evidence, based on client-centred and family/whānau focused (where relevant) approaches, and incorporates cultural safety and respect</p> <p>7.2F facilitate change informed by best available research evidence when new ways of working are adopted in the practice context</p>

Glossary

Term	Meaning in the context of the Physiotherapy practice thresholds
Activity limitation	Difficulties an individual may have in executing activities (World Health Organization, 2013).
Advocacy	Means speaking, acting or writing with minimal conflict of interest to support the interests of a person or group, to promote, protect and defend their rights or seek justice for individuals or groups, in a fashion that strives to be empathetic (adapted from Health Consumers Queensland, 2010).
Best available research evidence	Means information from valid and clinically relevant research conducted using sound methodology.
Client	May be an individual, a group of individuals, family/whānau, a community or an organisation.
Clinical expertise	The proficiency and judgement that individual clinicians acquire through clinical experience and clinical practice (Sackett et al, 1996).
Collaboration	When health practitioners from different professions work together with patients, families, carers and communities to deliver the highest quality care. Elements of effective collaborative practice include respect, trust, shared decision-making and partnerships (World Health Organization, 2010).
Competence	The ability of a physiotherapist to practise safely and effectively in a range of contexts and situations of varying levels of complexity. The level of an individual's competence in any situation will be influenced by many factors. These factors include, but are not limited to, the physiotherapist's qualifications, clinical experience, professional development and their ability to integrate knowledge, skills, attitudes, values and judgements.
Culture	Can include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture (Physiotherapy Board of New Zealand / Te Poari Tiaki Tinana o Aotearoa, 2011).
Cultural responsiveness	A core concept of client-centred practice that requires the physiotherapist to respond proactively to the health-care issues of socially and culturally diverse clients and relevant others. (Adapted from State of Victoria, Department of Health, 2009.)
Disability	An umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors) (World Health Organization, 2013).
Enabling components	Describe measurable components of the respective key competency at the level of competence required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand. The language used in the enabling components reflects the complex conceptual, analytical and behavioural elements of threshold competence in practice.
Environmental factors	The physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person's functioning (World Health Organization, 2013).

Term	Meaning in the context of the Physiotherapy practice thresholds
Evidence-based practice	Is a problem-based approach where research evidence is used to inform clinical decision-making. It involves the integration of the best available research evidence with clinical expertise, each patient's values and circumstances, and consideration of the clinical (practice) context (Hoffmann, Bennett & Del Mar, 2013, p 14).
Functioning	An umbrella term for body function, body structures, activities and participation. It denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors) (World Health Organization, 2013).
Fundamental legal responsibilities	Obligations arising from legal and regulatory frameworks including, but not limited to, frameworks that apply to health records, work health and safety, privacy and the physiotherapist's registration.
Habilitation	Refers to physiotherapy in situations when the client's impairments, activity limitations and participation restrictions are associated with delayed or absent development of the associated abilities and function and the goal is to assist a client to learn, maintain or improve their abilities, function and health.
Health	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946).
Health literacy	A client's knowledge, motivation and competence to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care (Sorensen et al, 2012).
Health worker	Refers to all individuals engaged in actions with the primary intent being to enhance health. This includes those who promote and preserve health, those who diagnose and treat disease, health management and support workers, professionals with discrete and/or unique areas of competence, whether regulated or non-regulated, conventional or complementary (World Health Organization, 2006).
Impairments	Problems in body function and structure such as significant deviation or loss (World Health Organization, 2013).
Informed consent	Requires ongoing engagement by the physiotherapist with the client and relevant others to ensure the client has received the information that a reasonable person in the same situation would require to make an informed decision about the relevant aspect of physiotherapy.
Interprofessional practice	Two or more professions working together as a team with a common purpose, commitment and mutual respect (Dunston et al, 2009).
Key competency	Practise that is necessary for a physiotherapist to safely and effectively perform the central role of physiotherapy practitioner in a range of contexts and situations of varying levels of complexity, ambiguity and uncertainty. The language used in the key competencies describes abilities in practice and reflects the complex conceptual, analytical and behavioural elements that integrate foundational abilities in the context of practice. They do not include the foundational abilities (knowledge, skills, attitudes, values, and judgments) acquired in entry level programs to learn the key competencies necessary to practise as a registered physiotherapist.

Term	Meaning in the context of the Physiotherapy practice thresholds
Mental health	A state of well-being in which every individual realises their potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community (World Health Organization, 2005).
Participation restriction	Problems an individual may experience in involvement in life situations (World Health Organization, 2013).
Physiotherapy assistant	A health-care worker who works under the supervision of a registered physiotherapist and who has a range of skills that allow a physiotherapist to confidently delegate a higher level of tasks than they would to other support workers. (Adapted from Australian Physiotherapy Association, 2008.)
Professional support	Requires the physiotherapist to engage with other professionals, including physiotherapists, to assist the physiotherapist in their practice. Support may occur in a range of ways including, but not limited to, seeking advice by referring a client to a more experienced physiotherapist for assessment, mentoring and supervision.
Relevant others	As relevant to the context, this may be one or more of the following: a physiotherapist, other professional, a professional colleague, a member of the health-care team, physiotherapy student, physiotherapy assistant, health worker, carer, family/whānau, community.
Scholarly physiotherapy practice	Requires the physiotherapist to engage in activities so they remain well-informed of the literature and new research in their chosen field of practice, including through continuing professional development and interaction with peers, and to use that knowledge within their evidence-based practice.
Simulation	A technique that uses a situation or environment created to allow people to experience a representation of a real event for the purpose of practice, learning, evaluation, testing or to gain an understanding of systems or human actions (Australian Society for Simulation in Healthcare, 2012).
Threshold	The point on the continuum of competence at which an individual's ability across the specified key competencies is sufficient to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.
Threshold competence	The level of competence across the specified key competencies required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.
Well-being	A state in which an individual has the physical capacity, mental health and social resources they need to successfully manage a particular psychological, social and/or physical challenge (Dodge et al, 2012).
Tele-health	An extension of face-to-face consultation that allows clients, physiotherapists and relevant others to interact using communication information technologies such as email, video or telephone conferencing, and remote transmission of images.

Bibliography

Ash, S, Dowding, K & Phillips, S (2011) Mixed methods research approach to the development and review of competency standards for dietitians, *Nutrition and Dietetics* 68(4): 305–315.

Australian Commission on Safety and Quality in Health Care (2010) *Australian Safety and Quality Framework for Health Care*, Australian Commission on Safety and Quality in Health Care, Sydney.

Australian Commission on Safety and Quality in Health Care (2013) *Consumers, the Health System and Health Literacy: Taking action to improve safety and quality. Consultation Paper*, Australian Commission on Safety and Quality in Health Care, Sydney.

Australian Medical Council (2012) *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council*, Australian Medical Council, Kingston, Canberra.

Australian Physiotherapy Association (2008) *Working with a Physiotherapy Assistant or Other Support Worker*, Australian Physiotherapy Association, Melbourne.

Australian Physiotherapy Council (2006) *Australian Standards for Physiotherapy*, Australian Physiotherapy Council, Canberra.

Australian Society for Simulation in Healthcare (2012) *Australian Society for Simulation in Healthcare Simulation Directory Data Dictionary*, Health Workforce Australia, Adelaide.

Barr, H (2009) Competent to collaborate: Towards a competency-based model for interprofessional education, *Journal of Interprofessional Care* 12(2): 181–187.

Brewer, M & Jones, S (2013) An interprofessional practice capability framework focusing on safe, high quality client centred health service, *Journal of Allied Health* 42(2): 45–9E.

Dalton, M, Davidson, M & Keating, J (2011) The Assessment of Physiotherapy Practice (APP) is a valid measure of professional competence of physiotherapy students: A cross-sectional study with Rasch analysis, *Journal of Physiotherapy* 57(4): 239–246.

Dodge, R, Daly, A, Huyton, J & Sanders, L (2012) The challenge of defining wellbeing, *International Journal of Wellbeing* 2(3): 222–235.

Dunston, R, Lee, A, Lee, A, Matthews, L, Nisbet, G, Pockett, R, Thistlethwaite, J & White, J (2009) *Interprofessional health education in Australia: The way forward*, University of Technology, Sydney and The University of Sydney, Sydney.

Englander, R, Cameron, T, Ballard, A, Dodge, J, Bull, J & Aschenbrener, C (2013) Toward a common taxonomy of competency domains for the health professions and competencies for physicians, *Academic Medicine* 88(8): 1088–1094.

Frank, JR (ed) (2005) *The CanMEDS 2005 Physician Competency Framework: Better standards, better physicians, better care*, Royal College of Physicians and Surgeons of Canada, Ottawa.

Frank, JR & Danoff, D (2007) The CanMEDS initiative: Implementing an outcomes-based framework of physician competencies, *Medical Teacher* 29(7): 642–647.

- Frank, JR, Snell, LS, Sherbino, J, et al (2014)** *The Draft CanMEDS 2015 Physician Competency Framework – Series III*, Royal College of Physicians and Surgeons of Canada, Ottawa.
- Hager, P & Gonczi, A (2009)** What is competence?, *Medical Teacher* 18(1): 15–18.
- Health and Care Professions Council (2013)** *Standards of Proficiency – Physiotherapists*, Health and Care Professions Council, London.
- Health Consumers Queensland (2010)** *Health Advocacy Framework*, Queensland Health, Brisbane.
- Health Workforce Australia (2011)** *Growing Our Future: The Aboriginal and Torres Strait Islander Health Worker Project Final Report*, Health Workforce Australia, Adelaide.
- Health Workforce Australia (2012)** *National Common Health Capability Resource: Shared activities and behaviours in the Australian health workforce*. Health Workforce Australia, Adelaide.
- Health Workforce New Zealand (2013)** *Health Workforce New Zealand: Annual Plan 2013/14*. Ministry of Health, Wellington.
- Hoffmann, T, Bennett, S & Del Mar, C (2013)** *Evidence-based Practice Across the Health Professions 2nd edition*, Elsevier Australia, Sydney.
- Indigenous Allied Health Australia (2013a)** *Position Paper: Access to allied health services for Aboriginal and Torres Strait Islander people*, Indigenous Allied Health Australia, Canberra.
- Indigenous Allied Health Australia (2013b)** *Position Paper: Culturally responsive health care*, Indigenous Allied Health Australia, Canberra.
- Khan, K & Ramachandran, S (2012)** Conceptual framework for performance assessment: Competency, competence and performance in the context of assessments in healthcare – deciphering the terminology, *Medical Teacher* 34(11): 920–928.
- Leotta, G (2013)** *Cultural Competency Scoping Project Final Report*, New South Wales Government, Sydney.
- Lester, S (2014)** Professional standards and competence frameworks in the United Kingdom, *Assessment and Evaluation in Higher Education*, 39(1): 38–52.
- Ministry of Health (2010)** *The Credentialling Framework for New Zealand Health Professionals*, Ministry of Health, Wellington.
- Ministry of Health and District Health Boards New Zealand Workforce Group (2007)** *A Career Framework for the Health Workforce in New Zealand*, Ministry of Health and District Health Boards New Zealand, Wellington.
- National Physiotherapy Advisory Group (2009)** *Essential Competency Profile for Physiotherapists in Canada*, Canadian Alliance of Physiotherapy Regulators, Toronto.
- Physiotherapy Board of New Zealand (2009)** *Physiotherapy Competencies for Physiotherapy Practice in New Zealand*, Physiotherapy Board of New Zealand, Wellington.
- Physiotherapy Board of New Zealand / Te Poari Tiaki Tinana o Aotearoa (2011)** *Position Statement on Cultural Competence*, Physiotherapy Board of New Zealand, Wellington.

Reanga New Zealand Consultancy (2012) *Whakapuāwaitia Ngāi Māori 2030 – Thriving as Māori 2030: Māori Health Workforce Priorities*, Ministry of Health, Wellington.

Ringsted, C, Hansen, TL, Davis, D & Scherpbier, A (2006) Are some of the challenging aspects of the CanMEDS roles valid outside Canada?, *Medical Education* 40(8): 807–815.

Royal Dutch Society for Physical Therapy (2006) *The Professional Profile of the Physical Therapist*, Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF), Amersfoort, The Netherlands.

Sackett, D, Rosenberg, WMC, Gray, JAM, Hayne, R & Richardson, W (1996) Evidence based medicine: What it is and what it isn't, *British Medical Journal* 312: 71–72.

Sørensen, K, Van den Broucke, S, Fullam, J, Doyle, G, Pelikan, J, Slonska, Z, et al (2012) Health Literacy and Public Health: A systematic review and integration of definitions and models, *BMC Public Health* 12(80).

State of Victoria, Department of Health (2009) *Cultural Responsiveness Framework: Guidelines for Victorian health services*, Rural and Regional Health and Aged Care Services, Victorian Government, Department of Health, Melbourne.

The Interprofessional Curriculum Renewal Consortium (2014) *Curriculum Renewal for Interprofessional Education in Health*, Commonwealth of Australia, Office of Teaching and Learning, Canberra.

Verma, S, Broers, T, Paterson, M, Schroder, C, Medves, J & Morrison, C (2009) Core competencies: The next generation – comparison of a common framework for multiple professions, *Journal of Allied Health* 38(1): 47–53. **World Confederation for Physical Therapy (2011)** *WCPT Guideline for Physical Therapist Professional Entry Level Education*, World Confederation for Physical Therapy, London.

World Health Organization (1946) Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

World Health Organization (2005) *Promoting Mental Health: Concepts, Emerging Evidence, Practice: A report of the World Health Organization*, World Health Organization, Geneva.

World Health Organization (2006) *World Health Report 2006 – Working together for health*, World Health Organization, Geneva.

World Health Organization (2010) *Framework for Action on Interprofessional Education and Collaborative Practice*, World Health Organization, Geneva.

World Health Organization (2013) *How to Use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF). Exposure draft for comment October 2013*, World Health Organization, Geneva.



Appendix 1: Development of the Physiotherapy practice thresholds

The project to develop the Physiotherapy practice thresholds comprised the following five stages.

The overall objective of this project was to determine and publish evidence-informed, stakeholder-supported practice thresholds for the physiotherapy profession in Aotearoa New Zealand and Australia.

Stage 1

During **Stage 1**, a comprehensive literature review considered:

1. the most appropriate and contemporary format and nomenclature for the Physiotherapy practice thresholds
2. best practice approaches to develop the Physiotherapy practice thresholds
3. current and possible future health policy relevant globally and specifically to Australia and Aotearoa New Zealand, as it relates to entry-level Physiotherapy practice thresholds.

The project team provided the Project Steering Committee with a report on findings of the literature review and recommendations about a good practice methodology to develop the first draft of the Physiotherapy practice thresholds. The Project Steering Committee refined and agreed on the methodology for Stage 2 of the project.

Stage 2

During **Stage 2**, the first draft of the Physiotherapy practice thresholds was progressively developed through engagement with more than 200 members of the physiotherapy profession in Australia and Aotearoa New Zealand. Triangulation of the following three methods of information gathering from the profession supported a stakeholder-informed, systematic and comprehensive approach to progressive development of the first draft of the Physiotherapy practice thresholds:

1. focus groups to explore the profession's views about key characteristics of practice by new graduate physiotherapists – this information was used to draft a basic framework for the Physiotherapy practice thresholds
2. refinement workshops with members of the physiotherapy profession to progressively refine the basic framework for the Physiotherapy practice thresholds, and
3. an online survey to ascertain the views of users of the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009) and the *Australian Standards for Physiotherapy* (2006) about those documents.

The consultation draft of the Physiotherapy practice thresholds was informed by the comprehensive literature review in Stage 1 of the project and by analysis of the themes, characteristics and contextual considerations arising from the focus groups, refinement workshops and responses to the online survey.

Stage 3

During **Stage 3**, the Physiotherapy Board of Australia and Physiotherapy Board of New Zealand engaged in wide-ranging consultation about the Physiotherapy practice thresholds. The consultation comprised two phases: a preliminary consultation with key trusted stakeholders and a period of public consultation. The first phase of the consultation ended in September 2014. The project team analysed responses to the preliminary consultation phase and, in consultation with the Expert Reference Group, provided the Project Steering Committee with a report on the responses and recommendations about amendments to the Physiotherapy practice thresholds before public consultation. The Expert Reference Group provided the Project Manager with expert advice, opinion and expertise on the Physiotherapy practice thresholds as well as on questions put to stakeholders as part of the public consultation.

The Physiotherapy Board of Australia and Physiotherapy Board of New Zealand released a draft of the proposed Physiotherapy practice thresholds for public consultation from mid-November 2014 until mid-January 2015. The project team analysed the responses to the public consultation and, in consultation with the Expert Reference Group, made amendments to the Physiotherapy practice thresholds in response to feedback received during the public consultation phase. The Expert Reference Group provided the Project Manager with expert advice, opinion and expertise.

Stage 4

During **Stage 4**, the project team developed a final draft of the Physiotherapy practice thresholds that reflected the Project Steering Committee decisions and Expert Reference Group advice about amendments to the Physiotherapy practice thresholds in response to feedback received during the public consultation phase.

The Physiotherapy Board of Australia and Physiotherapy Board of New Zealand considered and provided feedback on the final draft.

Stage 5

During **Stage 5**, the Physiotherapy Board of Australia and Physiotherapy Board of New Zealand endorsed the final Physiotherapy practice thresholds for implementation.

Appendix 2: Regulation of physiotherapists in Australia and Aotearoa New Zealand

Physiotherapy is regulated within a statutory framework within both Australia and Aotearoa New Zealand, and registration is a statutory requirement for legal practice as a physiotherapist in both countries.

A person must be registered if they want to practise as a physiotherapist and/or refer to themselves as a “physiotherapist”.

Although this document sets out threshold competencies for registered physiotherapists in both countries, different legislation applies in each country, and a physiotherapist must be registered in the country in which they want to practise.

In both countries, statutory regulation creates ongoing requirements for physiotherapists to maintain their registration beyond the initial requirements for registration. These ongoing requirements include compliance with registration standards, maintenance of professional competence and engagement in continuing professional development.

In Australia, physiotherapists are regulated by the Health Practitioner Regulation National Law Act as in force in each state and territory (National Law). Physiotherapists must be registered with the Physiotherapy Board of Australia.

More information about registration and regulation of physiotherapists in Australia is available at www.physiotherapyboard.gov.au.

In Aotearoa New Zealand, physiotherapists are regulated by the Health Practitioners Competence Assurance Act 2003 (HPCA Act). Physiotherapists must be registered with the Physiotherapy Board of New Zealand. More information about registration and regulation of physiotherapists in Aotearoa New Zealand is available at www.physioboard.org.nz.

The *Code of Health and Disability Services Consumers' Rights (NZ)* (the Code) sets out the rights of clients who receive health and disability services in New Zealand, and creates corresponding duties and obligations of providers of those services, including physiotherapists. Under the Code, every client has the right to have services provided that comply with legal, professional, ethical and other relevant standards.

The *Australian Charter of Healthcare Rights* applies to all health settings anywhere in Australia, including public hospitals, private hospitals, general practice and other community environments. It allows patients, consumers, families, carers and service providers to have a common understanding of the rights of people receiving health care.





Fostering excellence in physiotherapy

Level 5
80 The Terrace
Wellington, New Zealand

PO Box 10-734
Wellington 6143
New Zealand

+64 4 471 2610
physio@physioboard.org.nz
www.physioboard.org.nz