

DECISION REPORT

**CHANGES TO THE SPECIALIST SCOPE OF
PRACTICE: PHYSIOTHERAPY SPECIALIST**

Issued

August 24th, 2016

1

INTRODUCTION

In March and April 2016, The Physiotherapy Board (the Board) consulted with the profession and other key stakeholders on proposed changes to the Specialist Scope of Practice: Physiotherapy Specialist. The areas consulted on included:

- The Areas of Specialisation
- The Physiotherapy Specialist Competencies
- The Application Requirements
- The Assessment Process
- Specialist Recertification

The Board received 572 responses via the survey online, and six posted or emailed to the Board.

BACKGROUND

On 1 November 2012, the Specialist Scope of Practice: Physiotherapy Specialist was gazetted and New Zealand registered physiotherapists could apply for registration as a Physiotherapy Specialist from early 2013.

The Specialist Scope of Practice: Physiotherapy Specialist is as follows:

- Physiotherapy specialists are expert physiotherapists who have advanced education, knowledge and skills to practise within a specific area of clinical practice;
- As specialist clinicians, they demonstrate leadership in consultancy, education and research;
- They work collaboratively with the physiotherapy profession and within the wider health team across a range of health and disability settings;
- Physiotherapy specialists actively participate and take a leadership role in professional activities, including local and national strategy and policy development; and
- They work in partnership with individuals, whānau, families and communities to optimise health outcomes.

The Physiotherapy Board (the Board) has been receiving applications under the Specialist Scope of Practice for almost three years and has registered six Physiotherapy Specialists. The Board received feedback on a number of aspects of the Specialist Scope of Practice: Physiotherapy Specialist including the process and specific components of the requirements. The Board committed to review this scope of practice. In mid-2015, a Working Group was established to review the scope, provide advice and recommendations to the Chief Executive on areas for potential development and/or change within the Specialist Scope of Practice.

The Working Group was made up of specialisation application assessors, registered Physiotherapy Specialists who have been through the application process and members of the Board's Secretariat. The members of the Working Group were Dr Angela Cadogan, Dr Mark Laslett, Janice Mueller, Gill Stotter, Dr Steve Tumilty and from the Secretariat, Cheryl Hefford, Lisa Mansfield, Dr Simon Robb and Jeanette Woltman-Black.

The Working Group was tasked with undertaking the review for the Chief Executive to the Board. The Board endorsed the review document and its recommendations for consultation.

2a

CONSULTATION RESPONSES: AREAS OF SPECIALISATION

When an applicant applies for registration as a Physiotherapy Specialist, they must indicate which area they are applying in. If they are successful, they would then be a registered Physiotherapy Specialist in that area of physiotherapy. The current areas and the three options that were proposed are listed below:

Current areas	Option A	Option B	Option C
<ul style="list-style-type: none">• Musculoskeletal• Cardiorespiratory• Neurology• Continenence and Women's Health• Paediatrics• Older adults• General	<ul style="list-style-type: none">• Musculoskeletal• Cardiorespiratory• Neurology• Continenence and Women's Health• Paediatrics• Older adults	<ul style="list-style-type: none">• Musculoskeletal• Musculoskeletal (Sports)• Musculoskeletal (Occupational Health)• Musculoskeletal (Pain)• Cardiorespiratory• Neurology• Continenence and Women's Health• Paediatrics• Older adults	<ul style="list-style-type: none">• Remove the categories and practitioners can apply for registration as a specialist in an area that they choose. The area would need to be agreed upon by the Board.

RATIONALE FOR OPTION A

This option proposed to exclude the 'General' area of specialisation. The broad category of 'General' can create a lack of understanding from both the profession and the public as the concept of a 'General Specialist' itself may be considered contradictory.

RATIONALE FOR OPTION B

Option B proposed to allow for subcategories to be included under the umbrella of musculoskeletal. As reported in our 2014-2015 Annual Report, our most recent Workforce Survey has illustrated that the main area of practice that New Zealand registered physiotherapists work in is musculoskeletal, followed by sports physiotherapy. Due to the large number of physiotherapists working in the area of musculoskeletal physiotherapy and the various sub areas within the practise of musculoskeletal physiotherapy, the Board proposed to include Musculoskeletal (Sports), Musculoskeletal (Occupational Health) and Musculoskeletal (Pain) as areas of specialisation.

Under Option B, the 'General' area was also proposed to be removed, for the reasons given in the Rationale for Option A.

RATIONALE FOR OPTION C

A third option was to remove all of the areas of specialisation and applicants could apply for registration as a Physiotherapy Specialist in an area of their choice. The rationale is that practitioners should be able to identify and determine the area they are practising in at a specialist level. The Board would need to agree to their proposed area of practise to maintain professional credibility and regulatory requirements.

FEEDBACK ON THE PROPOSED CHANGE

The areas of specialisation should remain unchanged as they currently are	The areas of specialisation should change to Option A	The areas of specialisation should change to Option B	The areas of specialisation should change to Option C	None of these
4.20% (24)	8.39% (48)	31.47% (180)	39.16% (224)	16.78% (96)

BOARD DECISION

The Board endorsed changing the areas of specialisation to:

- Cardiorespiratory
- Continence and Women's Health
- Hand Therapy
- Musculoskeletal
- Neurology
- Occupational Health
- Older adults
- Paediatrics
- Pain
- Sports
- The Board can also use its discretion on a case by case basis if an applicant wants to apply to be a physiotherapy specialist in an area that is not on this list.

2b

CONSULTATION RESPONSES:

PHYSIOTHERAPY SPECIALIST COMPETENCIES

There are three competencies which applicants must be able to illustrate that they meet to be granted registration as a Physiotherapy Specialist.

Competency One	
Demonstrate and apply advanced knowledge, skills and behaviours to practise within the specialist area.	
Components	Guidelines
1.1 Demonstrate and apply advanced assessment processes.	1.1.1 Demonstrate comprehensive clinical assessment. 1.1.2 Recognise the implications of societal, cultural and other determinants that influence the patient's/client's health and lifestyle.
1.2 Demonstrate and apply advanced clinical reasoning and decision making skills.	1.2.1 Demonstrate advanced reasoning in the assessment and management of complex cases. 1.2.2 Demonstrate skills in prioritising differential diagnoses. 1.2.3 Demonstrate recognition of barriers to care, rehabilitation and meeting goals.
1.3 Demonstrate and apply advanced knowledge in the specialist area.	1.3.1 Demonstrate specialist knowledge. 1.3.2 Apply specialist knowledge to practice. 1.3.3 Demonstrate currency of specialist knowledge through continuing professional development.

<p>1.4 Demonstrate and apply advanced clinical management processes.</p>	<p>1.4.1 Practise at an advanced level within ethical, legal and cultural frameworks.</p> <p>1.4.2 Demonstrate advanced therapeutic skills.</p> <p>1.4.3 Demonstrate patient/client-centred care that incorporates internationally accepted guidelines.</p> <p>1.4.4 Identify and manage risk.</p>
<p>1.5 Demonstrate and apply advanced skills and behaviours appropriate to improving healthcare outcomes.</p>	<p>1.5.1 Improve patient/client outcomes through development and enhancement of effective intra-professional and inter-professional relationships.</p> <p>1.5.2 Demonstrate advocacy for patients/clients.</p> <p>1.5.3 Promote health and quality of life in keeping with the New Zealand health priorities appropriate to the specialist area.</p> <p>1.5.4 Demonstrate knowledge of New Zealand health economics and the impact on delivery of care in the specialist area.</p>

Competency Two

Demonstrate an active contribution to the physiotherapy knowledge base in the specialist area.

<p>2.1 Critically appraise and synthesise research to inform practice.</p>	<p>2.1.1 Undertake critical and reflective appraisal of relevant research.</p>
<p>2.2 Actively participate in the research process.</p>	<p>2.2.1 Foster research in the specialist area.</p> <p>2.2.2 Demonstrate regular review and appraisal of clinical practice.</p> <p>2.2.3 Demonstrate research outputs.</p>
<p>2.3 Demonstrate the ability to effect change in practice.</p>	<p>2.3.1 Utilise results of review and appraisal to effect change in practice.</p> <p>2.3.2 Promote the implementation of evidence informed practice.</p>
<p>2.4 Disseminate research findings.</p>	<p>2.4.1 Publish peer reviewed research findings.</p> <p>2.4.2 Present to local, national and/or international audiences.</p>

Competency Three

Practise as a role model for the profession.

<p>3.1 Provide leadership and expert advice in the specialist area of practice.</p>	<p>3.1.1 Act as a leader and advisor within the physiotherapy profession.</p> <p>3.1.2 Act as a leader and advisor to other health professionals and relevant government agencies and other organisations.</p>
<p>3.2 Provide mentorship to physiotherapists.</p>	<p>3.2.1 Support and guide physiotherapy colleagues on clinical and professional matters.</p>
<p>3.3 Contribute to the profession and other relevant organisations.</p>	<p>3.3.1 Demonstrate involvement in supervision of physiotherapists and students.</p> <p>3.3.2 Demonstrate active involvement in the profession and/or wider communities.</p>

PROPOSED AMENDMENTS TO THE PHYSIOTHERAPY SPECIALIST COMPETENCIES

Competency One (Clinical)

Demonstrate and apply advanced knowledge, skills and behaviours to practise within the specialist area.

Essential Elements	How to achieve the essential element
<p>1.1 Demonstrate and apply advanced assessment processes.</p>	<p>Clinical assessments will be sufficiently comprehensive to achieve a diagnosis and/or management plan consistent with best available evidence. The assessment will be cognisant of the implications of societal, cultural and other determinants that influence the patient's/client's health and lifestyle.</p>
<p>1.2 Demonstrate and apply advanced clinical reasoning and decision making skills.</p>	<p>Advanced clinical reasoning is demonstrated in the form of analytical and non-analytical processing in the assessment and physiotherapy-specific and/or multi-disciplinary management of complex cases. This may include skills in advanced differential diagnostics.</p>

<p>1.3 Demonstrate and apply advanced knowledge in the specialist area.</p>	<p>The Physiotherapy Specialist will demonstrate knowledge of the specialty area from a physiotherapy context, including how such knowledge interacts and overlaps with professional knowledge outside of the physiotherapy context. They will demonstrate specific ways in which this advanced knowledge and skill is applied in practice and shared with other colleagues. Currency of specialist knowledge is maintained through continuing professional development relevant to the specialty area.</p>
<p>1.4 Demonstrate and apply advanced clinical management processes.</p>	<p>Advanced diagnostic and therapeutic skills will be evident through expert levels of communication, collaboration and education of other professionals as part of patient/client clinical management to reach a diagnosis and implement an effective management plan. They will demonstrate patient/client-centred care and recognition of barriers to care, rehabilitation and meeting patient/client goals. Specialist treatment is mindful of internationally accepted guidelines, but may deviate from guidelines based on reasoned extrapolation from current available evidence. They will also demonstrate the ability to identify and manage risks relevant to their client population and specialty area of practice.</p>
<p>1.5 Demonstrate and apply advanced skills and behaviours appropriate to improving healthcare outcomes.</p>	<p>The Physiotherapy Specialist manages and fosters effective professional relationships with physiotherapy colleagues and other members of the healthcare team, including appropriate cultural advocacy for patients/clients. They will promote health and quality of life in keeping with the New Zealand health priorities appropriate to the specialist area. They will demonstrate an understanding of economic, cultural, equity of access and other barriers affecting access to health care especially as it relates to their specialist area of practice. The Physiotherapy Specialist will demonstrate a high standard of verbal and written communication in all aspects of patient care, building trusted and sustained relationships.</p>

Competency Two (Academic)

Demonstrate an active contribution to the physiotherapy knowledge base in the specialist area

2.1 Critically appraise and synthesise research to inform practice, and 2.2 Actively participate in the research process.	The Physiotherapy Specialist is research enabled and takes an active role in contributing to the Physiotherapy knowledge base. Examples of these behaviours would be to; formulate a question after synthesising the literature that could be answered by conducting a systematic review and meta-analysis; being involved in a research project through a University where they may be gathering data or performing an intervention; conducting a service evaluation or clinical audit, analysing the results, and implementing change in practice; development of policies, procedures, or care pathways.
2.3 Demonstrate the ability to effect change in practice.	The Specialists will be actively involved in mentoring, clinical tutoring, or teaching on seminars to help prepare and develop the next generation of Physiotherapists to progress along a lifelong career pathway.
2.4 Disseminate research findings.	The Physiotherapy Specialist demonstrates links with relevant academic institutions and demonstrates their involvement in a team that generates and disseminates new knowledge to the profession.

Competency Three (Leadership)

Practise as a role model for the profession

3.1 Provide leadership and expert advice in the specialist area of practice.	The Physiotherapy Specialist will act as a leader and advisor within the physiotherapy profession, as well as providing leadership, education and/or advice to other health professionals, relevant government agencies and other organisations.
3.2 Provide mentorship to physiotherapists.	They will support and guide physiotherapy colleagues and other health professionals on clinical and professional matters, demonstrating involvement in supervision of physiotherapists and students, and acting as a professional advisor with regard to professional practice issues.

3.3 Contribute to the profession and other relevant organisations.	The Physiotherapy Specialist will have an active involvement in the profession locally and nationally/internationally, demonstrating an ability to work collaboratively with stakeholders; influencing/contributing to relevant policy and strategy processes that impact upon the physiotherapy practice of individuals and/or communities.
--	--

The Board proposed to amend the second column of the Physiotherapy Specialist Competencies into a narrative, illustrating various ways in which the essential elements can be achieved, rather than the current guidelines which are viewed as more prescriptive.

FEEDBACK ON THE PROPOSED CHANGE

“The Proposed new Physiotherapy Specialist Competencies are appropriate”

Competency 1 (Clinical) Demonstrate and apply advanced knowledge, skills and behaviours to practise within the specialist area.				
Strongly disagree 5.01% (23)	Disagree 3.49% (16)	Neutral 27.67% (127)	Agree 53.59% (246)	Strongly Agree 10.24% (47)
Competency 2 (Academic) Demonstrate an active contribution to the physiotherapy knowledge base in the specialist area.				
Strongly disagree 6.13% (28)	Disagree 4.81% (22)	Neutral 29.98% (137)	Agree 52.08% (238)	Strongly Agree 7% (32)
Competency 3 (Leadership) Practise as a role model for the profession.				
Strongly Disagree 5.02% (23)	Disagree 3.93% (18)	Neutral 28.60% (131)	Agree 53.71% (246)	Strongly Agree 8.73% (40)

BOARD DECISION

The Board endorsed changing the Specialist Competencies to a narrative approach.

3

APPLICATION REQUIREMENT

The Board consulted on the requirements of the application. This included making the following items mandatory:

- Inclusion of two case studies
- Critical evaluation of two journal articles
- Multi-source feedback forms

INCLUSION OF TWO CASE STUDIES

These should be of a publishable quality and highlight the range of competencies needed. Guidance regarding case study requirements will be developed. The rationale for this was that case studies are strong evidence to illustrate an applicant's ability to meet the level required of a specialist physiotherapist. It allows applicants to demonstrate their advanced clinical reasoning and decision making skills and their ability to prioritise differential diagnoses.

FEEDBACK ON THE PROPOSED CHANGE

“The requirement of two case studies is appropriate”

Strongly disagree 2.14% (11)	Disagree 7.59% (39)	Neutral 12.06% (62)	Agree 51.17% (263)	Strongly Agree 27.04% (139)
--	-------------------------------	-------------------------------	------------------------------	---------------------------------------

CRITICAL EVALUATIONS OF TWO JOURNAL ARTICLES

The Board proposed that applicants provide two critical evaluations of journal articles; one that they agree with and one that they disagree with. This will illustrate an applicant's ability to critically evaluate current and relevant research in their proposed specialist area of practice.

FEEDBACK ON THE PROPOSED CHANGE

"The requirement of two critical evaluations of journal articles is appropriate"

Strongly disagree 2.53% (13)	Disagree 9.14% (47)	Neutral 16.54% (85)	Agree 48.25% (248)	Strongly Agree 23.54% (121)
--	-------------------------------	-------------------------------	------------------------------	---------------------------------------

MULTI-SOURCE FEEDBACK FORMS

The Board proposed to change the required Validation of Advanced Practice forms, provided in support of an application, to be replaced with multi-source feedback forms. These forms would be designed by the Board and applicants could arrange for patients, colleagues, managers and peers to complete these multi-source feedback forms in support of their application for registration as a Physiotherapy Specialist. Multi-source feedback forms give 360 degree feedback on the applicants.

FEEDBACK ON THE PROPOSED CHANGE

"The requirement of multisource feedback forms is appropriate"

Strongly disagree 2.33% (12)	Disagree 5.25% (27)	Neutral 17.70% (91)	Agree 46.11% (237)	Strongly Agree 28.59% (147)
--	-------------------------------	-------------------------------	------------------------------	---------------------------------------

BOARD DECISION

The Board endorsed the following proposed changes to the application requirements:

- Inclusion of two case studies
- Critical evaluations of two journal articles
- Multi-source feedback forms

4

THE ASSESSMENT PROCESS

The Board proposed to change the weighting of the competencies and add a practical clinical assessment to the assessment process.

The Board's expectation is that a Physiotherapy Specialist is primarily a clinical specialist. The Board proposed to change the weighting of the competencies from all equal weighting to the following:

- Competency one (clinical) – “Demonstrate and apply advanced knowledge, skills and behaviours to practise within the specialist area” **50%**
- Competency two (academic) – “Demonstrate an active contribution to the physiotherapy knowledge base in the specialist area” **25%**
- Competency three (leadership) – “Practise as a role model for the profession” **25%**

FEEDBACK ON THE PROPOSED CHANGE

“The proposed changes to the weighting of the competencies is appropriate”

Strongly disagree 1.97% (10)	Disagree 4.14% (21)	Neutral 12.03% (61)	Agree 47.53% (241)	Strongly Agree 34.32% (174)
--	-------------------------------	-------------------------------	------------------------------	---------------------------------------

The Board also proposed to add a practical clinical assessment to the application process, if the weighting of the competencies changes. Currently, the first part of the application process is paper based and the second part is an interview with the specialist assessors. The inclusion of a

practical clinical assessment would allow the assessors to witness the applicant’s diagnostic and advanced clinical reasoning skills.

FEEDBACK ON THE PROPOSED CHANGE

“The inclusion of a practical clinical assessment to the application process is appropriate”

Strongly disagree 4.93% (25)	Disagree 13.21% (67)	Neutral 22.88% (116)	Agree 37.28% (189)	Strongly Agree 21.70% (110)
--	--------------------------------	--------------------------------	------------------------------	---------------------------------------

BOARD DECISION

The Board endorsed the following proposed changes to the assessment process:

- Changing the weighting of the competencies to 50% clinical, 25% academic and 25% leadership
- The inclusion of a practical clinical assessment

5

SPECIALIST RECERTIFICATION

The Board proposed to change the requirements for Specialist Recertification. The current policy is that all registered Physiotherapy Specialists must participate in a Recertification Programme every three years where their continuing professional development (CPD) would be assessed. The Board proposed that the first CPD Recertification would occur after the practitioner had been registered as a Physiotherapy Specialist for three years, and after this it would be every five years.

The Board's expectation is that a Physiotherapy Specialist would be practising and completing CPD to a high standard and recertification every five years would be appropriate.

FEEDBACK ON THE PROPOSED CHANGE

"The proposed changes to the Recertification Requirements is appropriate"

Strongly disagree 2.18% (11)	Disagree 8.32% (42)	Neutral 14.06% (71)	Agree 50.10% (253)	Strongly Agree 25.35% (128)
---------------------------------	------------------------	------------------------	-----------------------	--------------------------------

BOARD DECISION

The Board endorsed the proposal to change CPD recertification to occur initially three years after being granted registration as a Physiotherapy Specialist, and after this every five years.

6

SUMMARY

The review of the Specialist Scope of Practice: Physiotherapy Specialist has resulted in the following changes:

- Changing the areas of specialisation to:
 - Cardiorespiratory
 - Contenance and Women's Health
 - Hand Therapy
 - Musculoskeletal
 - Neurology
 - Occupational Health
 - Older adults
 - Paediatrics
 - Pain
 - Sports
 - The Board can also use its discretion on a case by case basis if an applicant wants to apply to be a Physiotherapy Specialist in an area that is not on this list.
- Changing the Physiotherapy Specialist Competencies
- Requirement of the inclusion of two case studies
- Requirement of the inclusion of critical evaluations of two journal articles
- Requirement of multi-source feedback forms
- Changing the weighting of the competencies to 50% clinical, 25% academic and 25% leadership
- Requirement of the inclusion of a practical clinical assessment
- Changing CPD recertification to occur initially three years after being granted registration as a Physiotherapy Specialist, and after this every five years.

The Board wishes to acknowledge and thank the Working Group for their input and review of the Specialist Scope of Practice: Physiotherapy Specialist:

Dr Angela Cadogan

Cheryl Hefford

Dr Mark Laslett

Lisa Mansfield

Janice Mueller

Dr Simon Robb

Gill Stotter

Jeanette Woltman-Black

Dr Steve Tumilty

Thank you to all the consultation respondents; your feedback was appreciated and assisted the Board in its decision making.