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Scope of Practice

Background

Australia's health system is in need of reform in order to meet a range of long-term challenges, including timely access to services, the growing burden of chronic disease, the ageing population and the costs of emerging new health technologies.

A review of the workforce is critical to the success of any health reform agenda. Any changes to our workforce scope of practice should be focussed on maximising the use of existing human resources, streamlining efficiencies to reduce costs while maintaining quality, and improving access to health care for all Australians.

The 1995 Report of the Pew Health Professions Commission, Taskforce on Healthcare Workforce Regulation (Pew Commission Report) defined scope of practice as:

Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in . . . a specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.

The terms 'extended scope practice' and 'advanced scope practice' are often used interchangeably which leads to some confusion when discussing these issues. Unfortunately there are no agreed definitions within health professions in Australia regarding how these terms are defined. The Australian Physiotherapy Association (APA) supports the following definitions:

Advanced Scope of Practice - A role that is within the currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role may require additional training as well as significant professional experience and competency development.

Extended Scope of Practice – A role that is outside the currently recognised scope of practice and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change.

Scope of practice is often limited to that which the law permits for specific education and experience, and specific demonstrated competency, but is also often restricted by local custom and practice. The Productivity Commission report 'Australia's Health Workforce'¹ promoted extending the scope for health professionals as a way to maximise the skills of the health workforce.

Since the publication of that report, the domain of physiotherapy practice has expanded considerably to meet the needs of the Australian health system and its consumers.^{2,3} The result has

been a major impact on improving and expediting patient access to health services with proven better health and financial outcomes for the community.⁴

There are many other professions looking to expand their current scope of practice. In recent years nursing, optometry and podiatry have successfully expanded into new areas - such as limited prescribing and direct referral to medical specialists. The experience of these professions in delivering these changes provides useful information that physiotherapy can draw upon when undertaking strategic advocacy.

Scope of practice is dynamic. Some roles which are currently considered advanced or extended now may not be in the future. As a consequence, it is inappropriate to publish a list of tasks / activities that are considered either within or outside of physiotherapist's scope of practice. A 'rigid and narrow definition of scope of practice will restrict opportunity and innovation for individuals, the profession and the health system by placing fixed limits on the boundaries of practice which are not sensitive to changes in the health and social care environment.'⁵

Barriers to advanced and extended scope practice

In order for physiotherapists to undertake advanced and extended roles, the following barriers will need to be addressed.

Legislative

Many of the new roles proposed as an expansion of current practice are regulated by various, mostly state based, Acts of Parliament. These include the various Physiotherapists' Registration Acts, Poisons Acts and Radiation Safety Acts. Others relate to funding under the Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Schedule (MBS).

Funding

Referral to medical specialists is ethically and legally within scope of practice for physiotherapists in Australia. It is prevented by the fact that if a physiotherapist refers a patient to a medical specialist, any consultation or procedure which results is not covered by the MBS schedule. Physiotherapists are able to refer to Radiologists for certain plain film xrays

however investigations such as CT and diagnostic ultrasound are restricted by Medicare Australia. It is possible for a physiotherapist to request such investigations, however this is not covered by the MBS schedule.

Cultural

There are significant cultural barriers within health services that may serve to discourage physiotherapists from undertaking roles traditionally managed by other practitioners. These vary markedly not only between states and territories but also between health services in individual jurisdictions as well as between practices in metropolitan and rural areas.

Regulation

Physiotherapy in Australia is a profession regulated in each state and territory. From July 2010, it is planned that the physiotherapy profession will be regulated through a new national scheme. The legislation for that scheme does not provide a definition of physiotherapy scope of practice. It does however restrict the use of the title physiotherapist and physical therapist. This is different to many

other countries where the scope of physiotherapy is defined by legislation.⁶

As physiotherapy is not defined by legislation in Australia it is therefore the responsibility of the profession to define the practice. The Australian Physiotherapy Association supports the following definition of physiotherapy contained within the Australian Standards for Physiotherapy (2006):

Physiotherapy involves a holistic approach to the prevention, diagnosis, and therapeutic management of disorders of movement or optimisation of function to enhance the health and welfare of the community from an individual or population perspective. The practice of physiotherapy encompasses a diversity of clinical specialties to meet the unique needs of different client groups.⁷

Healthcare education and practice has developed in such a way that most professions today share some skills or procedures with other professions. It is no longer reasonable to expect each profession to have a completely unique scope of practice, exclusive of all others.⁸ *The Health Practitioner Regulation National Law (2009)*⁹ provides a framework for extending the scope of practice for all registered health professionals.

There is significant discussion within the health workforce literature regarding scope of practice. Increasingly, health profession regulatory structures and mechanisms, although well-intentioned, are becoming out of sync with health care delivery processes.^{10 11}

“As the pace of change in health care delivery accelerates in response to the new emphases on competition, health care outcomes, efficiency, and patient-focused care systems, the incongruence between the regulatory framework and the needs of the health care industry will be exacerbated”.¹²

When defining physiotherapy scope of practice, the goal of public protection can be realized when legislative and/or regulatory bodies include the following critical factors in their decision-making process:

- Historical basis for the profession, especially the evolution of the profession advocating a scope
- of practice change,
- Relationship of education and training of practitioners to scope of practice. ¹³
- Evidence related to how the new or revised scope of practice benefits the public, and
- The capacity of the regulatory agency involved to effectively manage modifications to scope of practice changes.¹⁴

It is important that the regulation of physiotherapy in Australia continues to ensure that its primary objective of protecting the public is achieved without unnecessarily restraining the natural evolution of the profession.

The APA position

The Australian Physiotherapy Association supports a system of practice regulation that is standardised, flexible, accountable and effective. The framework for assessing Scope of Practice must be consumer centric, competency based and recognise that differently educated health professionals can deliver the same services.

The position of the APA is that:

- The scope of physiotherapy in Australia may include both existing and emerging practices. The APA believes it is inappropriate to list the activities which are considered either within or outside the current scope of practice.
- Physiotherapists may practice any activity that falls within the broad scope of physiotherapy providing that they are appropriately educated, trained, credentialed and competent to practice.
- Physiotherapists working in new and innovative roles must at all times be able to demonstrate how their activities align with the professional practice of physiotherapy.
- Regulation of physiotherapy must be based on demonstrated initial and continuing competence.
- This process must allow and expect different professions to share overlapping scopes of practice.
- Education providers should be encouraged to develop courses for physiotherapists that equip them with the appropriate skills and competencies to expand their scope of practice.
- The government should implement more flexible funding models for health care service delivery. Innovation and close collaboration among health care professionals is the key to providing efficacious and evidence-based care. There currently exist many barriers to innovative practice including legislation and regulation as well as custom and culture. These barriers serve to
 - prevent health professionals from maximising their contribution to the health and wellbeing of all Australians.
 - The government at all levels must establish processes which identify and seek to remove barriers to innovative practice within the health system
 - Regulatory bodies and professional associations should explore pathways to allow all professionals to provide services to the full extent of their current knowledge, training, experience and skills.

References

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