

Our ref: 080814-MS A.

19 September 2014

Ms Amanda McEacharn
Executive Officer
Physiotherapy Council of New South Wales

Via email: mail@physiotherapycouncil.nsw.gov.au

Dear Amanda

Re: Physiotherapy Council of NSW – Position Statement for Physiotherapists working with Therapy Assistants

Thank you for your letter dated 24 July 2014, inviting us to review the *Position Statement for Physiotherapists working with Therapy Assistants*.

Our recommendations for revision are, as follows:

Change the term “Therapy Assistants” to “Assistants”, this would open the term “Assistants” to include all types of job titles.

Under 2.0 Definitions:

- o Need to include definition of “direct supervision” of assistants.
- o Need to include definition of “indirect supervision” of assistants, noting that indirect supervision includes the conditions stipulated under section 2.2 Special Circumstances.

2.1 Function/Role of the Therapy Assistant

Include the three (3) bullet points below:

- May work under direct or indirect supervision.
- In determining the type of supervision required by an assistant, a physiotherapist should consider the practice setting and type, the nature of the task, the acuity of the patient’s condition and the complexity of the patient’s needs.
- These factors must be considered in context with education, training, skills, job experience, personal attributes, abilities and competence of the assistant.

2.2 Special Circumstances

The sentence: “Where the **therapy** assistant may be undertaking activities in situations where there is **no direct visual** (write instead “**indirect**”) supervision by the physiotherapist...”

3.0 The key issues/principles that physiotherapists should be cognisant of in working with therapy assistants are:

The APA respectfully submits that this section should be amended, as follows:

The k Key issues/principles that physiotherapists should be cognisant of in when working with therapy assistants are:

~~ETHICAL PRINCIPLES~~

~~EDUCATION/TRAINING~~

~~SUPERVISION and TASK DELEGATION~~

~~RESTRICTED TREATMENT~~

~~EMPLOYMENT OF PHYSIOTHERAPY STUDENTS AS THERAPY ASSISTANTS~~

~~NOT BILLING FOR SERVICES PROVIDED BY THE THERAPY ASSISTANT~~

The suggestion here is to delete the capitalised headings (e.g. ETHICAL PRINCIPLES) and to simply go straight to heading 3.1. The headings do not need to be separately identified and capitalised beforehand, heading 3.1 can come straight after heading 3.0 and that flows nicely.

3.1 Ethical Principles

Provide internet link, or footnote reference, to “Code of Conduct for unregistered health practitioners” as many physiotherapists may not be aware of this Code.

3.3 Supervision and Task Delegation

Include first sentence under heading 3.4 Restricted Treatment, “Manipulation, including spinal manipulation, must not be delegated to ~~therapy~~ assistants in any circumstances”, as a separate bullet point under 3.3. This sentence fits better under section 3.3 as manipulation, especially spinal manipulation, cannot be delegated to an assistant.

~~3.4 Restricted Treatment~~ (change title to “Treatment Preparation”)

The APA suggests that this sentence be amended, as follows:

~~With the above exception,~~ Physiotherapists may delegate the use of treatment modalities by ~~therapy~~ assistants under the following circumstances:

3.6 Not Billing for Services Provided by the Therapy Assistant

The APA respectfully submits that this section should be deleted.

The APA acknowledges that the physiotherapist should not bill for services where there is no physiotherapist involvement or presence, say where patients are simply using the on-site gym facilities at a physiotherapy clinic and an assistant is present to supervise the use of gym equipment.

In the general course of treatment, an assistant would never “substantially provide” services. For example, a physiotherapy subsequent consultation involves:

- subjective and objective reassessment
- diagnostic formulation
- goal setting
- management and exercise plan
- intervention
- clinical recording

An assistant would provide only the last two services mentioned, specifically intervention and clinical recording, and never a substantial part of the treatment services.

However, the APA acknowledges that a physiotherapy *class* is an anomaly and a class might well be *substantially* provided by an assistant. In this instance, the physiotherapist would actually bill for services substantially provided by the assistant.

Clearly, some treatment services such as a class are *provided substantially by an assistant* but still the physiotherapist would bill for the service under their provider number. This is perfectly legitimate and accepted practice. As such, the APA advocates that section 3.6 should be deleted, as physiotherapists can and do bill for services substantially provided by an assistant.

Please refer to the APA’s *National Physiotherapy Service Descriptors*, for definitions of a subsequent consultation and class:

http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Resources/NationalPhysiotherapyServiceDescriptors_HR.pdf

Yours faithfully,

NSW Branch President