



Standards for Physiotherapy Practices

(8th Edition: 2011)

Standards approved by APA Board of Directors **May 2007**

Assessment Indicators approved by APA Board of Directors **June 2011**

Editorial amendments **February 2014**

Acknowledgements

The Australian Physiotherapy Association (APA) Standards for Physiotherapy Practices, 8th Edition 2011, builds on the Association's proud history of commitment to quality physiotherapy and the work of all those who have contributed to the development of each successive edition of the standards.

APA appreciates the contribution that many people have made to this edition of the standards. In particular, the APA would like to thank:

- physiotherapists in accredited practices for their ongoing commitment to quality primary healthcare
- accreditation surveyors for their invaluable knowledge and expertise
- individual physiotherapists who have commented on successive drafts and participated in field testing
- stakeholder organisations for useful practical and strategic suggestions
- APA members and staff who contributed to the 2004 independent review of the Association's former Quality Endorsement Program
- Physiotherapy Business Australia who established the original accreditation program for physiotherapy practices and who have generously supported the ongoing development of both the program and the standards
- Board members and staff of Quality in Practice Pty Ltd for their expert advice
- Royal Australian College of General Practitioners whose standards for General Practices (3rd edition) have provided useful inspiration
- Ms Clare Barr for her comprehensive review of accreditation standards, both national and international, during a student placement at the APA.

The APA would like to acknowledge members of the working party entrusted by the Association's Board of Directors to this work:

2007

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2011

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Note

The APA has approved two pathways towards accreditation against these standards: entry level accreditation or full accreditation.

Practices that choose to commence their accreditation journey via the entry level accreditation pathway must comply with all non-asterixed indicators of the APA standards. Practices will be required to provide documentary evidence to enable a desktop assessment to be undertaken by a peer surveyor to achieve accreditation against the entry level standards.

Practices that choose full accreditation must comply with all APA standards, including those with an asterix. Assessment against the full suite of standards will involve a desktop assessment as per the entry level process, supplemented by an on-site assessment undertaken by a peer surveyor. It is proposed that full accreditation will be available from 2013.

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Foreword

What are the APA Standards for Physiotherapy Practices?

The *APA Standards for Physiotherapy Practices* are standards developed by physiotherapists for physiotherapists. The standards are owned by the APA and are designed to help physiotherapy practices in the private sector deliver safe, high quality healthcare and embrace continuous quality improvement as good business practice.

There are five categories of standards, which cover:

- rights and needs of clients
- practice services
- practice management
- physical environment
- quality physiotherapy.

Each category contains guidance material to help practices interpret the standards, as well as resource material to assist practices in complying with each set of mandatory assessment indicators.

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Why are the APA Standards for Physiotherapy Practices important?

The APA standards provide a basis for excellence in clinical care and practice operations—excellence which justifies community trust in the expertise and integrity of physiotherapists.

The standards reflect hallmark qualities of the physiotherapy profession in Australia – respect for the individual, professional accountability, evidence-based practice, sound risk management and ongoing learning.

For the first time, *APA Standards for Physiotherapy Practices* include a set of standards that relate specifically to the quality of clinical care. This puts the physiotherapy profession in Australia at the frontline of safety and quality in primary health care.

Client feedback—a lynchpin in the quality cycle

Ongoing learning underpins the *APA Standards for Physiotherapy Practices*. This learning is encapsulated in a quality cycle that moves from planning to action, evaluation and feedback, then back to planning—and so the cycle continues.

Client feedback is a pivotal component of the quality enhancement process and is a fundamental building block in the day-to-day work of improving clinical care and practice operations. The ultimate quality test for any physiotherapy practice is a client's satisfaction with their health outcomes. And this test lies at the heart of a successful accreditation system.

How can a practice use the standards?

The *APA Standards for Physiotherapy Practices* is available in the public domain as an important indicator of benchmark expectations on safe, high quality healthcare and sound practice operations.

Physiotherapy practices in the private sector can use the APA standards to self-assess the safety and quality of primary healthcare they provide to the Australian community, and to self-assess the efficiency and effectiveness of their practice operations.

Practices can also go a step further and seek formal accreditation against the *APA Standards for Physiotherapy Practices*.

Why accredit?

Accreditation against the *APA Standards for Physiotherapy Practices* is the ultimate formal acknowledgement of a practice's commitment to safe, high quality healthcare.

Accreditation sends important messages to the community, clients, peers, medical colleagues, third party purchasers and key decision makers in the Australian health care system that physiotherapists are seriously committed to excellence in primary health care.

How does accreditation work?

Managed by experts

Accreditation against the *APA Standards for Physiotherapy Practices* is managed by Quality in Practice (QIP), a subsidiary of Australian General Practice Accreditation Limited. This means physiotherapy practice accreditation is managed by a market leader with specialist expertise and is awarded independently of the custodian of the standards, the Australian Physiotherapy Association.

Comprehensive practical support

Quality in Practice provides comprehensive practical support to physiotherapy practices preparing for accreditation and offers customised software (Accreditation Pro) to minimise the level of administration involved in the accreditation process.

Feedback on the 8th edition

The Association is keen to ensure that *APA Standards for Physiotherapy Practices* is a useful day-to-day tool for evaluating and improving the safety and quality of private sector physiotherapy as well as the efficiency and effectiveness of practice operations.

To ensure the 8th edition standards set the quality bar at the appropriate level, the APA is committing to reviewing the standards regularly to make certain they continue to reflect the highest standard expected of contemporary physiotherapy practices.



Marcus Dripps

National President
Australian Physiotherapy Association

Category 1 Rights and needs of clients

Standard 1.1 Human rights

The practice respects the rights and dignity of clients.

Criterion 1.1.1 Respect

Clients receive respectful care and are not discriminated against on the basis of their age, gender, ethnicity, beliefs, sexual preference or health status.

Guidance

Respect for clients

Clients have the right to be treated in a manner that respects their individuality. Clients, their families and carers should be treated courteously. There should be full recognition of client needs, culture and beliefs in all aspects of communication, assessment and intervention.

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At a practical level, health professionals should give special consideration to the inherent sensitivity in the client-practitioner relationship where hands-on treatment is involved.

Where a client is particularly vulnerable (such as a client with mental health problems or a client who is a minor) and/or there is potential for the client-practitioner relationship to be particularly sensitive, the practice may choose to demonstrate extra respect for the client by scheduling appointments for a time when others are in the practice or, with the client's consent, have a third party present.

Practice staff should have good interpersonal skills to work with clients, their families and carers in a respectful way.

Client responsibilities

For the best possible health outcomes, the client and the clinical team need to share information openly. Clients need to provide the clinical team with all relevant information about their presenting condition as well as any other information about their health that may affect options for intervention. Clients should treat practice staff and other clients with respect, observe practice policies including the practice fee schedule, and communicate their needs, expectations and concerns in a timely manner.

Anti-discrimination

Practices need to be aware of the requirements of the Federal Disability Discrimination Act (1992) and any other state and territory Disability Services Acts and Equal Opportunity Acts which prohibit the discriminatory treatment of people based on their age, gender, ethnicity, beliefs, sexual preference or health status.

Practice staff should understand that information they communicate or record about clients should not be derogatory, prejudiced, or prejudicial. Such statements may have serious consequences for client intervention, compensation and other legal matters, and may contravene anti-discrimination legislation.

Client rights

Clients have the right to know the qualification of their treating health professional. Clients have the right to see the physiotherapist of their choice, refuse intervention or seek a further opinion. Practices need to record such information in the client health record including an explanation of the action taken. If a client elects to go to another health professional, appropriate healthcare information should be provided if requested.

Health professional rights

Physiotherapists and other health professionals have the right to refuse to provide a service where there are reasonable and non-discriminatory reasons for doing so. Health professionals have the right to discontinue intervention when a client has behaved in a threatening or violent manner, or there has been some other cause for a significant breakdown of the therapeutic relationship. The practice should have a policy for discontinuing a client's episode of care and the policy should include safety measures to protect staff, assistance with ongoing care including referral to other health professionals, and clear documentation of the circumstances leading to the discontinuation of care.

Health professionals have the right to protect their professional reputations and to take reasonable steps to avoid any possible misunderstanding of professional boundaries.

Client information

The practice needs to provide written information about a client's right to see the physiotherapist of their choice, obtain a second opinion, refuse an intervention, provide feedback or make a complaint. The practice may also

like to provide general information about common clinical conditions, health promotion and injury/illness material, and diagrams for activities such as home exercise programs.

The information can be provided to clients in a variety of formats, including a client information sheet, brochures or flyers.

Communication with clients

The practice should promote a culture of open communication at all stages of client care. Good communication is a vital factor in the delivery of quality healthcare. It is also essential in the day-to-day management of risk and compliance.

Tailored communication

Communication which is tailored to the individual needs of a client is fundamental to an effective client-practitioner relationship built on mutual trust and respect. Tailored communication includes spoken and written messages, body language, courtesy, active listening and a general attitude that is sensitive to a client's needs.

Practice staff should adapt their communication to accommodate particular client attributes such as first language, culture, age, gender, cognitive ability or health status.

Communication support

A client may elect to have a third party supporter to facilitate communication during or related to a consultation.

Client feedback

The practice must actively seek client feedback. Such feedback forms an integral component of the *APA Standards for Physiotherapy Practices* including respect for the rights and dignity of clients. Feedback may be solicited in a variety of ways including a client questionnaire. Client feedback is covered in more detail in criterion 5.3.1.

Assessment indicators

- A. The practice has a policy that provides written information about a client's rights. This may include the right to see the physiotherapist of their choice, obtain a second opinion, refuse an intervention, provide feedback or make a complaint.
- B. There is a policy for discontinuing a client's episode of care.

Further information

The **Australian Charter of Healthcare Rights** is available on the website of the Australian Commission on Safety and Quality in Healthcare.
safetyandquality.gov.au

The Australian Human Rights Commission has information about human rights and people with special needs.

humanrights.gov.au

The **APA Code of Conduct** provides a practical interpretation of client rights.
physiotherapy.asn.au

State and Territory Health Services Commissioners/ Health Complaints Commissioners provide information for health consumers about making a complaint (see *Summary of contact details*).

The APA consumer brochure **What to Expect from Your Physiotherapist** is available on the APA website.
physiotherapy.asn.au

The Physiotherapy Board of Australia has developed codes and guidelines to provide guidance to the profession.
physiotherapyboard.gov.au/Codes-Guidelines.aspx

Category 1 Rights and needs of clients

Standard 1.1 Human rights

The practice respects the rights and dignity of clients.

Criterion 1.1.2 Privacy

The practice is committed to protecting client privacy.

Guidance

Clients have a right to expect privacy in the provision of their healthcare. The practice needs to have policies about client privacy and these policies must be upheld by practice staff.

Identify individual privacy needs

Each client has a unique need for privacy during a consultation. This need may vary according to personal preference, natural modesty, the type of care being provided and the client's familiarity with the intervention. For example, the privacy needs of a client may be significantly different if the consultation involves the treatment of a sports injury versus continence management.

In determining the individual privacy needs of a client, practice staff should avoid stereotyping and generalising.

Visual privacy

If a client needs to disrobe for a particular intervention, the health professional must provide a clear explanation of 'adequate undress' and the reason it is important. The health professional should offer suitable cover (such as a gown, shorts or drape) if it is necessary to protect the client's dignity.

In some circumstances, the client should be invited to disrobe behind a privacy screen. Alternatively, the health professional may turn their back or choose to leave the room while a client disrobes.

Where a client is particularly vulnerable and/or there is potential for the client-practitioner relationship to be particularly sensitive, the health professional may seek the client's consent to have a third party present in a chaperone role if the client needs to disrobe for an intervention.

Auditory privacy

The practice should have at least one area that offers satisfactory auditory privacy so that discussions with a client can be conducted in private. In practices with curtained treatment areas, this may mean that discussions at the commencement of a consultation need to be conducted in private in a separate area.

It is particularly important that discussion and telephone communication at the reception area be conducted discreetly, in the interests of respecting clients and protecting the privacy of health information. Similarly, discussions between health professionals about a client should be conducted discreetly and should not take place in the presence of other clients or administrative staff.

Assessment indicators

- A. Physiotherapists and other staff can describe how they identify the individual privacy needs of a client.
- B. The practice has a policy which describes how the privacy needs of individual clients are met.

Standard 1.1 Human rights

The practice respects the rights and dignity of clients.

Criterion 1.1.3 Informed consent

Clients are given sufficient information to enable them to make informed decisions about their health care.

Guidance

Intelligible information

Clients need sufficient information to make appropriate decisions about their own health care. Health professionals need to provide adequate information about the importance, benefits and risks of proposed healthcare in language that is tailored to the individual needs of a client.

Clients may find it helpful to receive standard written information (such as the APA's Patient Information Cards) or diagrams.

Where a client has an impairment that may affect their ability to make and/or communicate an informed decision about their own healthcare, the health professional needs to take this into account.

Risks and benefits of intervention

Clients should be given a reasonable level of information in advance about the relative benefits of a proposed program of healthcare. Where relevant, clients should also be given a reasonable level of information about alternative options and the implications of having no intervention. Some clients may be advised to seek information from other health professionals about the relative benefits of different forms of intervention and the coordination of various interventions such as surgery and physiotherapy or psychology and physiotherapy.

Costs of intervention

In addition to providing informed consent for their healthcare, the client also needs to provide informed financial consent.

Clients should be given advance information about consultation costs and billing systems including acceptable methods of payment, discounts that may

apply and the costs incurred for late cancellations or failure to attend appointments. Standard information such as this can be provided in a variety of formats such as a client information sheet, a brochure or a notice at reception.

In addition, clients should be given an estimated number of consultations for the proposed episode of care.

Clients covered by a third party compensable body should be given information that clarifies whether the service is bulk-billed by the practitioner; whether the client needs to pay up-front and then claim a rebate from the third party payer; whether a gap payment applies and who is responsible for the costs of healthcare provided by the practice if the claim is denied.

Consent to a program of healthcare

In general, a client is asked to consent to a program of healthcare related to their presenting condition. Consent may be implied or express/explicit.

Express/explicit consent refers to consent that is clearly and unmistakably stated (either in writing, orally, or in another fashion where consent is clearly communicated).

Implied consent refers to circumstances where it is reasonable for the health professional to infer that consent has been given by the client. For example, if a client presents to a physiotherapist, discloses health information, discusses intervention options and then settles on a particular program of healthcare, this will generally be regarded as the client giving implied consent to that program of healthcare.

Consent is dynamic

Informed consent is dynamic. Once given, consent can be withdrawn at any time. If a new or altered intervention is provided then the health professional needs to seek the client's consent again.

In general, a standard model for obtaining informed consent from a client includes the following sequential steps:

- outline the nature and likely prognosis of the condition
- present the risks and benefits of different options for intervention
- explain options for additional diagnostic procedures
- provide warnings on possible adverse outcomes
- estimate the likely outcome of intervention
- explain the likely duration and cost of the proposed episode of care.

Category 1 Rights and needs of clients

Consent should be obtained from the appropriate 'consent giver'. For a child under the age of 18, consent should be provided by the child's parent or legal guardian. For a client with cognitive impairment, consent may be provided by the client's carer.

Children from the age of 14 to 17 are deemed to have a developing capacity to give consent to their own healthcare. For children in this age bracket, the health professional should therefore seek consent from both the child and the parent or legal guardian.

Documenting consent

The practice must have a policy on obtaining and documenting informed consent.

Physiotherapists and other health professionals must document that an appropriate consent process has taken place. The best evidence is a signed and dated entry in the client health record, indicating that the client gave consent to a program of management outlined by the health professional.

Where consent is provided by a person other than the client, (such as a parent, legal guardian or carer) this should be documented in the client health record.

Where there is a change of practitioner, a significant change to the program of intervention originally agreed upon or a significant change to the cost of consultations or procedures, the client's consent should be sought again and this new act of consent documented in the client health record.

Cervical spine disorders

Where a client is receiving physiotherapy for the management of a cervical spine disorder, the physiotherapist should comply with the APA clinical guidelines for assessing vertebrobasilar insufficiency including the process for obtaining the client's informed consent.

The treating physiotherapist should seek explicit client consent (either verbally or in writing) for cervical manipulation on each occasion a manipulative procedure is performed, even if the same procedure is repeated. Consent for each procedure must be recorded separately.

The treating physiotherapist should also seek explicit client consent (either verbally or in writing) for any

cervical procedure that involves end-range rotation on each occasion such a procedure is performed, even if the same procedure is repeated. Consent for each procedure must be recorded separately. While it is not legally necessary to obtain written consent from a client for any cervical procedure, including manipulation, the APA recommends that physiotherapists obtain signed consent prior to manipulation.

Physiotherapists should note that some professional indemnity insurance policies require signed client consent to be obtained prior to manipulation.

Research

Where clients are invited to participate in an approved research project, they must be given sufficient information about the project in advance and their participation must be voluntary. Clients must also be informed in advance that if they consent to participate, they can subsequently withdraw such consent without explanation and without compromise to the quality of healthcare provided by the practice. A client's consent to participate in a research project must be documented in the client's health record.

Students and assistants

Where a student or assistant will be providing clinical care under supervision, prior consent should be sought from the client without the student or assistant present and without the client feeling pressured to agree. For example, consent could be sought when the appointment is made or when the client arrives at reception. The parameters of the supervision should be explained to the client, including whether or not the physiotherapist or other health professional will be present during the consultation.

The practice should exercise discretion in approaching clients about clinical care to be provided by a student or assistant under supervision.

Third party presence

A third party is any other person who is present during a consultation between a health professional and a client. This may include family members, partners, friends, interpreters, students, assistants, chaperones or other health professionals.

A third party should only be present with the prior consent of the client.

Assessment indicators

- A. The practice has a policy requiring physiotherapists and other health professionals to provide information to clients about the benefits, risks and costs of intervention.
- B. The practice seeks documented consent from the patient (or their representative) prior to the provision of healthcare.
- C. For clients with cervical spine disorders, physiotherapists seek and document explicit client consent on each occasion a manipulative procedure or procedure involving end-range rotation is performed, even if the same procedure is repeated.
- D. The practice seeks prior consent from the patient (or their representative) to participate in approved research projects. Consent and any subsequent withdrawal of consent is documented.
- E. The practice seeks prior consent from the patient (or their representative) where healthcare is to be provided by a student or assistant under supervision. Consent and any subsequent withdrawal of consent is documented.
- F. The practice seeks prior consent from the patient (or their representative) for a third party to be present during a consultation. Consent and any subsequent withdrawal of consent is documented
- G. Where consent is provided by a person other than the client, the practice records the details of the person providing consent.

Further information

The APA website contains consumer information about common conditions. physiotherapy.asn.au

The APA website displays Patient Information Cards which can be ordered from the online shop on the APA website or from the APA National Office.

physiotherapy.asn.au

The Commonwealth Government Health/Insite website provides general consumer information about common conditions.

healthinsite.gov.au

State and Territory Governments have health information websites for consumers which provide general information about common conditions (see *Summary of contact details*).

The National Health and Medical Research Council provides advice for health consumers.

nhmrc.gov.au

The **APA Clinical Guidelines for Assessing Vertebrobasilar Insufficiency in the Management of Cervical Spine Disorders** comprise a set of recommendations for assessing vertebrobasilar insufficiency and obtaining informed consent prior to the application of cervical spine manipulation and mobilisation.

The APA has developed a simple app 'Cervical Manipulation: Information for Patients' to assist with this, which can be accessed from the [iTunes store](#).

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists. Go to insurance4physios.com

Category 1 Rights and needs of clients

Standard 1.1 Human rights

The practice respects the rights and dignity of clients.

Criterion 1.1.4 Client communication

Physiotherapists and other staff communicate in a manner that respects clients' individual needs.

Guidance

The practice should promote a culture of open communication at all stages of client care. Good communication is a vital factor in the delivery of quality healthcare. It is also essential in the day to day management of risk and compliance.

Tailored communication

Communication which is tailored to the individual needs of a client is fundamental to an effective client-practitioner relationship built on mutual trust and respect. Tailored communication includes spoken and written messages, body language, courtesy, active listening and a general attitude that is sensitive to a client's needs.

Practice staff should adapt their communication to accommodate particular client attributes such as first language, culture, age, gender, cognitive ability or health status.

Written communication

The practice may find it useful to have a general client information sheet, written or electronic information about common clinical conditions, health promotion and injury/illness material, and diagrams for activities such as home exercise programs.

Communication support

A client may elect to have a third party supporter to facilitate communication during or related to a consultation.

Assessment indicators

- A. Client feedback confirms that clients are satisfied that communication meets their individual needs.

Standard 1.1 Human rights

The practice respects the rights and dignity of clients.

Criterion 1.1.5 Culturally appropriate care

The practice accommodates the cultural and linguistic diversity of its predominant client base.

Guidance

Culturally appropriate care

The extent to which a practice provides culturally specific care should be in proportion to the predominance of any cultural group within the local client base.

When dealing with clients from different cultural backgrounds, practice staff should avoid making general assumptions about a client's individual needs.

The practice should endeavour to educate staff about culturally appropriate care for predominant cultural groups within the local client base. In addition, the practice should endeavour to make staff aware of cultural groups likely to have a higher incidence of post-traumatic stress, so that staff are well-placed to identify individual clients who may require a special approach to their healthcare.

Where the practice routinely provides written client information, the practice should endeavour to provide such information in languages relevant to predominant cultural groupings within the local client base.

Interpreters

The practice needs a policy on managing clients for whom English is a second language and for the use of interpreters, to demonstrate reasonable care in achieving effective communication.

In general, an interpreter should be used at the request of the client or if the health professional has concerns about the capacity of the client to comprehend information communicated in English. Effective communication is particularly important at key stages such as the initial assessment, goal setting, obtaining informed consent and discharge planning.

Where possible, an interpreter should be independent and formally accredited. However, the practice may face circumstances where there is no other feasible option but to use a family member or even a child to interpret. In such situations, the health professional should take all reasonable care to cross-check that information is being communicated accurately.

Where an independent interpreter is used, it should be made clear to the client in advance whether a fee for the interpreting service will apply.

If a client refuses language services against the advice of the health professional, this should be documented in the client health record.

Assessment indicators

- A. The practice has a policy on culturally appropriate care.
- B. The practice principal can describe predominant cultural groupings within the local client base and how the practice educates staff on culturally appropriate care.
- C. *Contact details of interpreter services relevant to the client base are listed in the policy and procedure manual.

Further information

The website of the Australian Government Department of Immigration and Multicultural Affairs provides information about the *Translating and Interpreting Service (TIS) National*. The service is available 24 hours a day, 7 days a week, and is accessible from anywhere in Australia for the cost of a local call on 131 450.
immi.gov.au

The websites of some State and Territory Departments of Health/Human Services also provide information about interpreter and translation services (see *Summary of contact details*).

Category 1 Rights and needs of clients

Standard 1.2 Client-centred care

Physiotherapists establish respectful partnerships with clients to promote a sense of mutual responsibility for achieving optimal health outcomes.

Criterion 1.2.1 Collaborative goal setting

Health professionals develop and prioritise realistic goals that address a client's problems, needs, expectations, potential for change and lifestyle modifications, in consultation with the client.

Guidance

Client-centred care

The focus of this criterion is the pivotal role of the client in establishing a realistic management plan with the advice and support of the treating health professional.

The client's involvement needs to be active to optimise the benefits and achieve the goals of the intervention program. Passive compliance with a program of healthcare driven by the health professional should be avoided, because it can generate long-term dependency which may in turn counteract the successful achievement of realistic healthcare goals.

Client expectations

Health professionals need to ascertain the client's expectations of intervention and the extent to which these expectations are realistic. Any significant discrepancy between the client's expectations and the health professional's expectations should be discussed and recorded.

Collaborative goal setting

Health professionals should work with clients to develop collaborative goals which reflect an improvement in activity limitations (functional ability) and/or participation restrictions (quality of life). Health professionals will use their knowledge, experience and expertise together with assessment findings, to help clients set goals that are realistic and achievable within agreed time frames. The process of collaborative goal setting is particularly important where a client is likely to require a longer program of intervention and where the risk of dependency is accordingly higher.

Documenting client goals

Intervention goals that have been agreed on between the client and the health professional should be documented in the client health record.

Assessment indicators

- A. The practice has a policy about how it engages clients in aspects of care provision.

Further Information

The APA website contains information about clinical justification and outcome measures.

physiotherapy.asn.au

The Australian Commission on Safety and Quality in Health Care has produced a booklet called **10 Tips for Safer Health Care: What Everyone Needs to Know**. The booklet is designed to assist people to become more actively involved in their healthcare. The booklet is available in English and 15 community languages.
safetyandquality.gov.au

Standard 1.2 **Client-centred care**

Physiotherapists establish respectful partnerships with patients to promote a sense of mutual responsibility for achieving optimal health outcomes.

Criterion 1.2.2 **Health promotion**

The practice provides health promotion and injury/disease prevention strategies based on current guidelines.

Guidance

Primary healthcare philosophy

The practice incorporates a primary healthcare philosophy, including health promotion and preventive care. A holistic approach to client management should include education and referral to other health practitioners where appropriate.

Health promotion and injury/disease prevention strategies Physiotherapists and other health professionals should be adept at recognising lifestyle factors and co-morbidities which will affect a client's health status. As part of the client's overall management program, the physiotherapist should routinely provide information and advice on health promotion and injury/disease prevention strategies which are based on the best available evidence.

Health promotion or injury/illness prevention strategies recommended by the health professional should be documented in the client health record.

The practice may provide clients with information about local health promotion programs or about health promotion and injury/illness prevention in general, via brochures, videos or relevant websites.

Assessment indicator

- A. The practice has an active approach to health promotion and illness/injury prevention.

Further information

State and Territory Governments have health information websites for consumers which provide general information about health promotion (see *Summary of contact details*).

Category 2 Practice services

Standard 2.1 Client health record

The practice's client health records comply with legal and professional requirements.

Criterion 2.1.1 Compliance

Client health records identify the client and document physiotherapy assessment, goals, intervention and outcomes.

Guidance

Health records are primary evidence

This criterion is fundamental to physiotherapy practice ethically as well as legally. Health records are a medico-legal document containing client health information and they must comply with both legal and professional requirements. The reputation of any health professional and their ability to defend a claim or complaint can hinge on the quality of a client's health record.

All health professionals in the practice must meet rigorous documentation requirements for health records and should be actively involved in regular audit processes.

Health record documentation should be included in the orientation program for new health professional staff.

Health information

'Health information' is generally defined in both Federal and State Acts as information or opinion about a client regarding such things as health status, wellbeing, disabilities, health services provided or to be provided, and personal information generally.

Health information includes details such as a client's name, gender, date of birth, account details, Medicare number and health service appointments.

Where indicated, the health record should also contain the contact details of a person to contact in an emergency —the person may or may not be the client's next of kin but should be readily accessible.

Legibility

Records must be legible to enable optimal healthcare and to be admissible as evidence, if required. In practical terms, this means someone other than the author must be able to decipher entries.

Signature

For hard copy records, the date and signature of the treating health professional is required for each separate entry in the health record. For electronic records, initials may suffice as long as it is clear which health professional treated the client. Where health professionals in the practice happen to have the same name or initials, it needs to be clear which practitioner has treated the client.

Correction

Corrections to a client health record must not obscure information that is already in the record and must be accompanied by an explanation such as 'written in the wrong client health record'. Corrections must be signed and dated.

Consent

The health professional must record the client's informed consent to the proposed program of healthcare and any third party presence.

Where there is a significant change to the program of healthcare originally agreed, a significant change in the cost of the program or a change of clinician, the client's consent needs to be obtained and documented again.

History and assessment

In general, the health professional should record a history and assessment of past and current factors, such as:

- major symptoms and lifestyle dysfunction, including aggravating and relieving factors
- past and current treatment
- pain including aggravating and relieving factors
- social history
- general health
- medications
- risk factors
- the client's goals and expectations
- special tests
- special factors such as cardiac pacemaker, steroids.

In general, the health professional should also record relevant physical findings, such as:

- movement
- function
- muscle power/tone/spasm/length
- soft tissue palpation
- neurological examination
- balance and coordination
- cough, breathing pattern, respiratory rate
- special tests, for example, vertebrobasilar status
- relevant diagnostic tests such as radiology, pathology
- provisional diagnosis.

Goals

There should be a record of goals agreed collaboratively by the client and treating health professional.

Goals should be specific, measurable and achievable within a nominated time frame. Goals may relate to impairments, activity limitations (disability), participation restrictions (handicaps) or quality of life.

Here are some examples of goals with a musculoskeletal focus:

- reduce resting pain intensity from 8/10 to 2/10 within 10 days
- achieve sleep uninterrupted by pain within two weeks
- restore function in injured arm and return to work within three weeks
- play 18 holes of golf twice weekly within eight weeks.

For clients with other disorders such as neurological or cardiorespiratory conditions, the intervention goals would be suitably related.

Goals should also relate to the client's age range. For example, goals for children would be tailored to their age and developmental stage.

Plans

There should be a record of the proposed management plan to achieve agreed goals, including a plan for reassessment or review. Plans will be tailored to the client's presenting disorder (musculoskeletal, cardiorespiratory or neurological) as well as the client's age, general health status and any psychosocial factors that may affect health outcomes.

Precautions, contraindications and warnings

The health professional must record any:

- precautions taken prior to an intervention such as the assessment of vertebrobasilar insufficiency prior to cervical spine treatment
- contraindications to particular interventions such as osteoporosis, steroids or a surgeon's instructions
- warnings given to clients covering areas such as electrophysical agents, pacemakers and taping.

Intervention

Each intervention including the dosage must be documented, as well as the client's immediate response.

Interventions that involve modes such as education, self-management strategies or home exercise programs must also be recorded.

Progress

The physiotherapist should record the client's status before and after each successive intervention against outcome measures that are relevant to the intervention goals. This effectively measures the client's progress through a program of intervention and indicates whether the program is effective, needs to be modified/ceased or whether the client should be referred to another health professional.

Referrals

Where a client is referred to another health professional, this should be recorded in the health record or a copy of the referral should be kept in the client's health record.

Discharge information

The health record must indicate the date and reason that intervention was ceased, the client's health status at the time of discharge, any discharge plans including self-management strategies or referrals.

Other significant communication

The health professional has a responsibility to record 'other significant communication' about the client. Essentially this means communication that relates to a client's health management, but is outside the direct physiotherapist-client communication within a consultation. For example, other significant communication about a client could include information

Category 2 Practice services

obtained from a work site visit for an injured worker or a school visit for a child with a disability. Other significant communication could also include communication with other health professionals or relevant stakeholders such as third party payers.

Documentation of other significant communication should include the date, the purpose of the communication and the significance of the communication to the client's health management

Episode of care

An episode of care covers a defined program of management for a specified presentation.

Should a client re-present to the practice with a new presenting problem or a recurrence of an earlier presenting problem, this would be deemed a new episode of care for which the client would need to give informed consent anew.

Audits

All health professionals in the practice should be actively involved in an audit of client health records at least once every six months, to monitor compliance with recording standards.

Audits should include a sample of between five and 15 client health records from clients discharged in the period since the previous audit (which should be no longer than six months).

The findings of each audit should be documented. Health professionals must develop an action plan for any area where compliance does not meet required recording standards. The practice should subsequently document the outcomes of any action that was undertaken to improve compliance with recording standards.

If an individual physiotherapist or other health professional consistently fails to meet recording standards, then the practice principal should implement a performance management program that includes documented expectations with related time frames. For example, the practice principal could stipulate that treatment goals must be documented in the medical record for every client with a review of this expectation to be undertaken at say one, two and three months hence.

Retention

Requirements on the retention of health records are covered under criterion 3.3.3.

Assessment indicators

- A. Each client has an individual health record that is clear and legible and contains health information required to facilitate continuity of comprehensive care, including:
 - the name and contact details of a person to contact in an emergency
 - history and assessment prior to each episode of care
 - specific, measurable goals and plans for clinical care
 - plans for clinical care
 - records of consent
 - precautions, contraindications and warnings given to clients
 - information about each intervention and the client's response to that intervention.
 - progress against specified outcome measures
 - sufficient information about each consultation to allow another health professional to continue the management of the client if necessary
 - signature and date by the treating health professional for each entry
 - appropriate corrections to the health record (where applicable)
 - outcome of care and discharge information at the completion of each episode of care.
 - a copy of any referral or significant communication to another health professional.
- B. There is a policy for auditing client health records periodically that includes processes for collating and acting on audit results.

Further information

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists. Go to insurance4physios.com

Standard 2.2 Coordination of care

The practice engages with other health providers as required to ensure optimal client care.

Criterion 2.2.1 Referral

Clients are referred to other healthcare providers as required to ensure optimal health outcomes.

Guidance

Indicators for referral

As a mark of professionalism, the practice should provide clear information about the nature and scope of its services. If practices are open about the services they provide, clients are more likely to have realistic expectations about suitable healthcare and optimal health outcomes, and value the professionalism which underpins a referral.

The **APA Code of Conduct** states that clients have the right to be referred to more suitably qualified practitioners as required. In practical terms this means that clients who present with a problem outside the nature or scope of services provided by the practice, should be referred to a peer with the requisite expertise or a colleague from another discipline to achieve optimal health outcomes. The **APA Code of Conduct** sees this approach as practising in a careful, honest and accountable manner and exercising sound judgement.

Consent to referral

A client's consent to referral should be obtained prior to a referral being initiated. Consent to referral, generally deemed to mean the sharing of the client's health information with another practitioner or service, is a reasonable expectation.

Referral policy

There should be a policy for referring clients to other health care providers or services. Referrals should be made on a customised referral form or practice letterhead. The referral document should include all the information that is necessary for the referral to proceed and a copy should be retained in the client's health record.

Where a referral is made by telephone, it should be documented in the client's health record.

Database of other healthcare providers

The practice should maintain up-to-date information about other healthcare providers and the services they offer.

Assessment indicators

- A. There is a policy for referring a client to another health professional or health service.
- B. The practice has a comprehensive network of allied health and medical service providers for the purpose of referral and maintains up-to-date contact information in respect of such services.
- C. *Physiotherapists can describe when and how they refer clients to more suitably qualified health professionals.

Further information

The **APA Code of Conduct** sets expectations for the referral of clients to more suitably qualified practitioners.
physiotherapy.asn.au

The APA website contains information about clinical justification and outcome measures.
physiotherapy.asn.au

Category 2 Practice services

Standard 2.2 Coordination of care

The practice engages with other health providers as required to ensure optimal client care.

Criterion 2.2.2 Communication

The practice communicates effectively with other stakeholders to facilitate coordinated client care.

Guidance

Timely communication

The effective coordination of client care demands timely communication.

Professional communication

²¹ Subject to the client's consent to health information being communicated to other stakeholders, professional written communication should be on a practice letterhead.

The health professional should communicate all the information that is necessary to achieve optimal health outcomes. For example, such communication would normally include the client's demographics, information about the client's assessment and management, and the reason for the communication with the particular stakeholder.

Assessment indicators

- A. The practice communicates with health service providers and other relevant parties in a way that supports the continuity of comprehensive client care.

Standard 2.3 **Access to services**

The practice provides timely access to appropriate services.

Criterion 2.3.1 **Responsive healthcare**

The practice provides fair and responsive access to healthcare.

Guidance

This criterion will be assessed with regard to the nature of the practice, and the nature and scope of services it provides.

Defining a service

Services other than the traditional face-to-face consultation also constitute a professional service for which fees may be payable. For example, consultations may take place via telephone, videoconference style telemedicine or internet-based assessment and management. These types of consultations may be more common in rural or regional areas of Australia or may constitute service items for third party payers.

Essentially, the practice needs to determine the range of consultations it will offer, determine related fees and make this information available to clients.

Service and fee schedule

The practice should have a service and fee schedule that defines the services provided by the practice and their related fees.

The service and fee schedule should be reviewed on a regular basis to ensure it sustains quality service delivery as well as the ongoing financial viability of the practice. For physiotherapists in private practice, normal commercial principles apply.

Clients should be given prior information about the service and fee schedule as part of an informed consent process.

Booking appointments

The time allocated for consultations should be determined by clinical imperatives and a commitment to quality healthcare. The professional autonomy, obligations and conduct of physiotherapists and other health professionals should not be compromised by overriding financial objectives.

In general, it is anticipated that a longer time will be allocated for initial consultations.

Prioritising appointments

The practice should have a procedure for prioritising appointments. In general, the practice should endeavour to prioritise appointments based on the nature of the client's presenting condition and the clinical imperative for care to commence. The procedure should be clearly understood by health professionals as well as administrative staff responsible for booking appointments.

Access outside a booked appointment

There should be a policy outlining how a current client can contact their treating physiotherapist (or another physiotherapist in the practice) outside a booked appointment but within standard practice hours. The policy should indicate whether such contact —for example contact by email or telephone —is deemed to be a consultation for which a fee is payable. If so, the consultation should be listed as a service on the practice service and fee schedule.

Where information or advice is provided to a client outside a booked appointment, a duty of care prevails and the health professional needs to judge whether an ad hoc consultation is clinically safe or whether the client should be asked to present for a regular consultation instead. Where an ad hoc consultation occurs, this should be recorded in the client health record.

Out-of-hours access

The practice needs to make provision for directing clients to alternative out-of-hours care. It is not assumed that practices will necessarily assume responsibility for providing out-of-hours care themselves.

Assessment indicators

- A. The practice provides accurate information about its services, location, phone numbers, hours of opening and out-of-hours alternatives.
- B. The practice has an appointment scheduling policy that describes how appointments are scheduled and prioritised.
- C. The practice has an approach to appointment scheduling that ensures sufficient time is allowed for each client's assessment and intervention.

Further information

The APA document **National Physiotherapy Service**

Descriptors reflect the broad scope of current physiotherapy practice. Relative values have been attributed to the Descriptors to reflect the proportional costs associated with delivering an intervention.

physiotherapy.asn.au

The APA Position Statement on **Physiotherapy**

Commerce outlines the commercial reality of private practice physiotherapy.

physiotherapy.asn.au

Category 3 Practice management

Standard 3.1 Business systems

The practice has dynamic and secure business systems.

Criterion 3.1.1 Strategic plan

The philosophy, scope and objectives of the practice are documented in a strategic plan.

Guidance

Document key objectives

The practice should have a strategic plan that is both practical and aspirational. The plan should set out how the practice aims to operate and what the practice wants to strive for. The plan should help the practice principals allocate resources towards priority activity, deliver quality services and sustain financial viability. Practices may choose to seek advice from their accountant or financial planner when establishing objectives and performance targets.

The basic elements of the plan may include:

- clinical objectives—the range of services the practice will provide
- financial objectives—how the practice will sustain its financial viability and set fees that support the delivery of quality healthcare
- marketing objectives—how the practice will promote its services
- quality objectives—how the practice will endeavour to continuously improve its management and clinical care
- performance measures—how the practice will track progress against each objective
- performance targets—the ultimate result the practice aims to achieve for each objective over the lifespan of the strategic plan.

The plan may also include:

- vision statement—what the practice wants to strive for
- value statement—how the practice values clients and interacts with the local community.

Here is a basic example of establishing a clinical objective with related performance measures and targets.

Clinical objective: the practice will expand the scope of its physiotherapy services to include continence management for both male and female clients, delivered by physiotherapists with relevant postgraduate qualifications.

Performance measures: number of male clients presenting for continence management; number of female clients presenting for continence management; number of GP referrals; number of self-referrals.

Performance targets: 10% increase in number of male clients presenting for continence management per annum; 25% increase in number of female clients presenting for continence management per annum; 45% increase in number of GP referrals for continence management per annum; 30% increase in number of self-referrals for continence management per annum.

Lifespan of the strategic plan

Strategic plans are commonly written for a 3–5 year cycle. To be useful, plans need to reflect ongoing changes in the practice and ongoing changes in the healthcare environment.

The strategic plan should be reviewed at least once a year to demonstrate achievements, evaluate progress against the performance targets for each objective, and ensure objectives and related targets remain relevant and realistic for future activity.

Practices are encouraged to rewrite their strategic plans at least every 3–5 years to ensure plans remain relevant and focused on the provision of quality health care.

Aligning staff responsibilities with the strategic plan Practice staff need to be familiar with the strategic plan and given responsibility for working towards specified objectives.

Particular responsibilities should be clearly documented in staff position descriptions and/or staff performance objectives and reviewed as part of the standard performance management process.

Standard 3.1 Business systems

The practice has dynamic and secure business systems.

Criterion 3.1.2 Operations

The practice has systems that support effective and efficient operations.

Guidance

Policy and procedure manual

The policy and procedure manual is an important tool for running an efficient practice focused on quality service delivery and risk management.

The manual should be used as a day-to-day resource and form an integral part of the staff orientation program and the staff in-service education program.

Policies and procedures should be documented and include the date of approval/revision. Policies and procedures should cover all the items outlined in the assessment indicators for practice accreditation. There should be additional policies and procedures to cover any areas that are unique to a practice.

Policies and procedures should be updated on an ongoing basis to keep abreast of changes within the practice itself or changes in the healthcare environment (such as changes to legislation or standards). Any changes to policies and procedures should be communicated promptly to practice staff.

The policy and procedure manual should be reviewed comprehensively in conjunction with the review of the strategic plan.

The terms 'policy' and 'procedure' are sometimes used interchangeably in these standards. In either case, the terms are essentially used to mean written guidelines that are readily accessible, and that staff are expected to comply with in various areas of the practice's clinical and business operations.

Practice systems—good systems assist the practice to achieve its strategic objectives. Systems will be tailored to the size and scope of the practice but should cover at least the following areas.

Information technology systems—the practice should have at least a basic level of computerisation including backup systems. Where relevant, the practice's information technology systems will need to interface with external systems such as the Chronic Disease Management, HICAPS, or websites such as PEDro or the Cochrane Collaboration. The practice should have suitable IT support.

Financial systems—the practice must have financial systems based on sound accounting and bookkeeping principles.

The financial systems should include transparent billing arrangements so that clients understand the fee and payment structure, as part of the informed financial consent process. There should be a regular review of income and expenditure statements.

Note: surveyors will not review financial information that is commercial-in-confidence. They will review factors like whether the practice's fee structure supports quality service provision.

Debt management systems—the practice should have a debt management strategy that is both efficient and professional.

Assessment indicators

- A. Practice policies and procedures are reviewed and updated routinely.
- B. The practice has a billing policy and procedures.
- C. *Practice policies are accessible to and understood by practice staff.

Further information

Quality in Practice (QIP) is an independent organisation that awards accreditation against the APA standards. QIP supports practices preparing for accreditation by providing template policies and procedures that practices can adapt to their own circumstances.

The APA website contains a comprehensive list of member services that are commercially beneficial to members. These services include the APA Member Insurance Program, APA Research Portal, Private Practice Support, HR in Practice, tangible product benefits from Member Benefits Australia, the Journal of Physiotherapy and online member magazines. Vital advocacy, lobbying and media work is displayed through the APA News and the Advocacy Platform. Go to physiotherapy.asn.au

The Australian Association of Practice Managers has an online bookshop that sells the publication Business Manual for Health Care.

aapm.org.au

Category 3 Practice management

Standard 3.1 Business systems

The practice has dynamic and secure business systems.

Criterion 3.1.3 Practice communication

There are systems to ensure the practice team communicates effectively.

Guidance

Communication systems

The practice needs to have agreed systems for communicating important information to all relevant staff on a timely basis.

²⁷ For larger practices, communication systems could include staff email bulletins, practice newsletters or regular minuted staff meetings (where minutes should be a concise record of decisions taken and agreed follow-up action).

Communication of day-to-day information will normally involve more informal systems such as a whiteboard or communication books.

Where the practice provides multidisciplinary care, there is an agreed system for physiotherapists and other health professionals to communicate as necessary for the purpose of developing a coordinated care plan.

Communicating test results

The practice has a policy for communicating test results to the treating health professional within a defined period of time to achieve optimal client outcomes.

Assessment indicators

- A. The practice communicates to staff in accordance with a defined system appropriate to their setting, which includes the recording of important communications.

Standard 3.2

Human resource management

The practice values its physiotherapists and staff and demonstrates effective human resource management.

Criterion 3.2.1

Human resource management systems

The practice has effective systems for human resource management which comply with legislative requirements.

Guidance

Terms and conditions of employment

Terms and conditions of employment must comply with legislative requirements including relevant Awards and equal employment opportunity.

All staff should have written contracts or letters of employment and position descriptions that outline their roles, key responsibilities, accountability, and performance objectives (linked back to the objectives in the strategic plan).

There should be a confidentiality agreement within each contract or letter of employment that requires the staff member to preserve the confidentiality of all client health information in accordance with privacy legislation.

The practice should stipulate required grooming and dress standards to ensure a professional image is maintained.

Practices are advised to seek legal advice on the wording of standard contracts or letters of employment and any particular variations negotiated on an individual basis.

Orientation program

There should be an orientation program for all new staff which includes items such as:

- practice facilities and equipment
- staffing structure including accountability
- supervision protocols (health professionals only)
- strategic plan
- privacy policy
- occupational health and safety

- emergency procedures
- risk management procedures
- managing client feedback and complaints
- other policies and procedures relevant to the new staff member
- APA Code of Conduct
- the relevant registration Act
- public health regulations such as mandatory reporting
- health record documentation (for health professionals only).

Performance management

The performance of staff is formally reviewed at least annually against agreed and documented performance objectives.

The practice actively supports staff to meet these performance objectives through an agreed plan that also encompasses longer term professional development objectives.

Assessment indicators

- A. The practice has a comprehensive human resource management policy that is consistent with regulatory requirements.
- B. Each employee has an individual employment record that includes as a minimum:
 - contract or other employment document that describes the terms and conditions of employment
 - documented position description which clearly denotes their role and responsibilities
 - orientation records.

Further information

The website of the Australian Human Rights Commission.
<http://www.humanrights.gov.au/>

The Australian Association of Practice Managers has an online bookshop that sells the publication **Business Manual for Health Care**.
aapm.org.au

Category 3 Practice management

Standard 3.2 Human resource management

The practice values its physiotherapists and staff and demonstrates effective human resource management.

Criterion 3.2.2 Credentials

Physiotherapists and other health professionals are appropriately qualified, registered and insured.

Guidance

Registration

For each registered health professional in the practice, the practice principal must personally sight evidence of current registration. Such evidence should be direct, for example, the original version of a registration renewal certificate or the public register on the Physiotherapy Board of Australia website.

The practice principal must retain a copy of the evidence of current registration and must document that it has been sighted.

Qualifications

For each health professional not covered by the Health Practitioner Regulation National Law Act, the practice principal must personally sight the original of the relevant qualification certificate, retain a copy of the certificate, and document that it has been sighted.

Where the needs of the client base are specialised and require more expert management, the practice may engage health professionals with additional postgraduate qualifications. In that case, the practice principal must personally sight the original of the relevant qualification certificate, retain a copy of the certificate, and document that it has been sighted.

Insurance for health professionals

Each health professional must have adequate professional indemnity insurance. Health professionals should seek individual advice from reputable insurers about suitable cover for areas such as breach of professional duty; legal fees covering disciplinary or coronial inquiries;

bodily injury and damage to property arising from the ownership and/or occupancy of a practice; goods sold or supplied; advice given on goods sold or supplied and so on.

The level of insurance cover held by a health professional in the practice should be at least commensurate with that required by the relevant Registration Board and/or the level recommended by the preferred insurer of the relevant professional association.

Health professionals who supervise colleagues (such as allied health assistants or physiotherapy assistants) should make sure their own professional liability cover or the cover of the practice provides suitable protection for this aspect of their professional role.

Insurance for assistants

The practice principal should seek individual advice from their own professional insurer as to the level of professional liability cover required for health professionals (such as allied health assistants or physiotherapy assistants) who are working under supervision. In general, such requirements will vary according to the professional liability cover of the health professional in the supervisory role and the overall cover of the practice itself.

Working with children

There are different mandatory requirements in each state and territory for staff and volunteers working with children to have police clearances and screening checks. The practice needs to verify the requirements for their particular state or territory and ensure practice staff comply with them.

Assessment indicators

- A. The practice ensures that physiotherapists are registered with the Physiotherapy Board of Australia.
- B. Where relevant to the services provided by the practice, there is documentary evidence of postgraduate qualification certificates.
- C. The practice has evaluated the suitability of practitioners who routinely provide services to minors and met any obligations for conducting police checks and/or screening required by state/territory legislation.

Further information

The Physiotherapy Board of Australia has developed a registration standard for Professional indemnity insurance arrangements.

www.physiotherapyboard.gov.au

Information on the Insurance House policy for physiotherapists, as recommended by the APA Board of Directors, is available on the APA website physiotherapy.asn.au

The website of the Australian Institute of Family Studies National Child Protection Clearinghouse provides up-to-date information on **Pre-employment screening: Working With Children Checks and Police Checks**.

aifs.gov.au

Category 3 Practice management

Standard 3.3 Health information systems

The practice manages clients' health information in accordance with legal requirements and professional obligations.

Criterion 3.3.1 Confidentiality and privacy

The practice maintains the confidentiality and privacy of clients' health information.

Guidance

The majority of the guidance material for standard 3.3 has been sourced from the **Guidelines on Privacy in the Private Health Sector** produced by the Office of the Federal Privacy Commissioner.
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Privacy legislation

Following the amendment of the Federal Privacy Act 1988 by the Privacy Amendment (Private Sector) Act 2000, Australia has comprehensive privacy legislation covering the private sector. In addition, some States and Territories have their own privacy legislation.

Privacy principles

The Federal Act encompasses thirteen Australian Privacy Principles which govern the management of clients' health information. The legislation promotes greater openness between health service providers and clients regarding the handling of health information. For example, the legislation gives clients a general right of access to their own client health records and requires health service providers to develop a privacy policy that sets out how they manage health information.

Professional obligations

Privacy legislation complements the existing culture of confidentiality that is fundamental to the professional obligations of physiotherapists and other health professionals. The APA Code of Conduct sets out explicit obligations in relation to confidentiality and privacy.

Practice staff must be familiar with key aspects of privacy legislation and the APA Code of Conduct to ensure they manage health information appropriately.

Privacy infringements

If a client believes a health service provider has failed to meet privacy requirements, the client can make a complaint to the Privacy Commissioner.

Assessment indicators

- A. The practice has a privacy policy that is consistent with the requirements of the National Privacy Principles.
- B. *Practice staff are aware of the practice's privacy policy.

Further information

The website of the Federal Office of the Australian Information Commissioner contains a range of guidance material to help health service providers comply with the National Privacy Principles in the Privacy Act. In particular, the practice should be familiar with the document **Guidelines on Privacy in the Private Health Sector** published by the Office of the Federal Privacy Commissioner in October 2001.
[oaic.gov.au](http://www.oaic.gov.au)

Standard 3.3 Health information systems

The practice manages clients' health information in accordance with legal requirements and professional obligations.

Criterion 3.3.2 Collection

The practice only collects health information that is necessary to provide quality healthcare.

Guidance

Privacy legislation

Privacy legislation stipulates that a practice should only collect health information that is necessary for its 'functions or activities'. The practice should use fair and lawful ways to collect health information and, where reasonable and practicable, should collect health information directly from an individual.

The practice should take reasonable steps to make a client understand why information is being collected and who else it might be given to. The practice will be deemed to be collecting information if it 'gathers, acquires or obtains information from any source and by any means'. Collection covers information kept by the practice even where the practice has not asked for the information or has come across it by accident.

Consent

In general, the practice should obtain an individual's consent to collect health information. This consent may be implied or express/explicit.

Implied consent refers to circumstances where it is reasonable for the health professional to infer that consent has been given by the client. For example, if a client presents to a physiotherapist and discloses health information which is written down by the physiotherapist during the consultation, this will generally be regarded as the client giving implied consent to the physiotherapist to collect health information for certain purposes. The extent of the purposes will usually be evident from the discussion between the physiotherapist and the client during the consultation.

Express consent refers to consent that is clearly and unmistakably stated (either in writing, verbally, or in

another fashion where consent is clearly communicated). Consent to the collection and handling of health information and consent to treatment are two separate authorities provided by the client.

Health information

'Health information' is generally defined in both Federal and State Acts as information or opinion about a client regarding such things as wellbeing, disabilities, health services provided or to be provided, and personal information generally. 'Health information' also includes details such as a client's name, address, account details, Medicare number and health service appointments.

Data quality

The practice must take reasonable steps to ensure the health information it collects, uses or discloses is accurate, complete and up-to-date.

Assessment indicators

- A. The practice does not collect information beyond that which is necessary to provide quality care and services.

Category 3 Practice management

Standard 3.3 Health information systems

The practice manages clients' health information in accordance with legal requirements and professional obligations.

Criterion 3.3.3 Security

The practice protects the security of health information.

Guidance

Storage

The practice must store both active and inactive health information records securely. (An inactive client health record is generally defined as the record of a client who has not attended the practice for at least two years).

33 The practice must take reasonable steps to protect the health information it holds from misuse and loss as well as from unauthorised access, modification or disclosure.

Health information, whether in hard or electronic copy, should be controlled and restricted to relevant staff.

Where health information is kept in electronic copy, the practice should have adequate IT support.

Culling of inactive client health records from the main filing system is permitted where it improves the efficient management of health information.

Retention

Health information must be retained for the minimum periods proclaimed in the relevant State or Territory Public Records Act. However, the practice may wish to retain inactive health information records indefinitely depending on the advice of their professional liability insurer.

Destruction

The practice must take reasonable steps to delete, destroy or de-identify health information that is no longer needed for any further purposes. The destruction of documents, whether they be electronic or hard copy, must be carried out in a secure and confidential manner. Where a private contractor is used, the practice should obtain a certificate of document destruction.

Assessment indicators

- A. The practice has a policy that describes how health information is managed, including:
 - identifying, storing, retrieving and culling inactive client health information
 - preventing unauthorised access to health information
 - retention of client health information
 - meeting obligations of state/territory legislation.
- B. The practice has a documented disaster recovery plan (business continuity plan).
- C. *Practice staff can describe how the practice maintains the security of client health information.
- D. *Health information is not stored or left visible in areas of the practice with unrestricted or unsupervised access.
- E. *If the practice stores health information electronically, it complies with current best practice to ensure:
 - personal passwords are used to authorise access to health information
 - screensavers or other automated privacy protection devices are installed
 - regular backups of electronic information occurs and secure offsite storage arrangements for electronic backups
 - firewalls for all computers connected to the internet are installed
 - antivirus systems with provision for regular or automated updates are installed.

Further information

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists. Go to insurance4physios.com

Standard 3.3

Health information systems

The practice manages clients' health information in accordance with legal requirements and professional obligations.

Criterion 3.3.4

Use and disclosure

In general, the practice only uses or discloses health information for the primary purpose for which it was collected.

Guidance

Terminology

The term 'use' refers to the handling of client health information within a practice and the term 'disclosure' refers to the transfer of information outside the practice.

Primary purpose

In general, the practice's primary purpose of data collection will be to provide quality health care.

Secondary purpose

The practice may use and disclose health information for directly related secondary purposes if these purposes fall within the reasonable expectations of clients.

Open communication between the physiotherapist and the client is important because there is ordinarily a strong link between 'reasonable expectations' and what the client has been told about how their health information will be used and disclosed. In other words, it is important that the understanding and expectations of physiotherapists are aligned with the understanding and expectations of clients in relation to how health information is being handled.

Physiotherapists providing healthcare for the primary purpose and/or directly related secondary purposes would not generally need to seek further consent for necessary uses and disclosures. For example, if a physiotherapist refers a client to a general practitioner, necessary information

sharing would usually be deemed to fall within a reasonable expectation.

Directly related secondary purposes may also include activities necessary to the functioning of the health sector, such as billing or debt recovery; reporting an adverse incident to an insurer; disclosure to a lawyer for the defence of legal proceedings and quality assurance or clinical audit activities which seek to improve a clinical service.

Other purposes

The practice should only use and disclose health information for other than primary or directly related secondary purposes, if the client gives consent (express or implied) or if an exception applies. Exceptions include uses or disclosures required or authorised by law; uses or disclosures necessary to manage a threat to someone's life, health or safety; and uses or disclosures for research provided certain conditions are met.

Mandatory reporting

Health professionals in the practice must use or disclose health information if the law requires them to do so. For example, health professionals are required to report child abuse (under care and protection laws) and notify the diagnosis of certain communicable diseases (under public health laws).

Legal proceedings

If a health professional is served with a subpoena or other form of Court order requiring the production of documents to the Court they are generally required to supply the documents. If a health professional is concerned about how to proceed, they can seek advice from the Registrar of the Court or Tribunal which issued the order or from a lawyer.

Training and education

The use of health information for training and education will usually require the client's consent. Where consent is sought, the individual should have a genuine choice and not be pressured to agree. If the practice uses de-identified health information for training, client consent is not required.

Category 3 Practice management

Public health and safety research and statistics

The practice may use or disclose health information without consent for research or statistics that are relevant to public health or safety. The health information may be used or disclosed only if:

- the activities cannot be undertaken with de-identified data
- seeking consent is impracticable
- the activities are carried out in accordance with guidelines of the National Health and Medical Research Council
- the practice reasonably believes the organisation to which the health information is disclosed will not further disclose it.

Transfer of information to another health service provider

If a client wants to transfer to a physiotherapist in another practice, they can authorise the disclosure of health information from the original practice to a new practice. A copy of the health information could be transferred in this way.

Client health information that is transmitted electronically over a public network such as the internet can pose significant privacy risks. It is technically possible for a third party to intercept and read emails or for emails to be inadvertently sent to the wrong person. Practices should not transfer client information by email unless it is encrypted.

If the original practice declines to transfer the health information, the client may seek access to the information, request a copy and then take it to the new practice.

Privacy policy

The practice needs to develop a privacy policy explaining how it manages client health information and this policy needs to be readily available to anyone who asks for it. The privacy policy can be a short document that explains in plain language what sort of health information the practice holds and for what purposes, and how the practice collects, holds, uses and discloses that information.

The privacy policy can be made available in a number of ways such as a sign in the practice, a printout or pamphlet that is handed out on request, or on the practice website. The practice needs to ensure that clients can readily access and understand the policy. The practice may need to take into account the special

needs of clients from a non-English speaking background, clients with disabilities or clients with literacy difficulties.

Assessment Indicator

- A. There is a policy for transferring a client's health information to another practice or service provider at the client's request.

Further information

The website of the Federal Office of the Australian Information Commissioner contains a range of guidance material to help health service providers comply with the National Privacy Principles in the Privacy Act. In particular, the practice should be familiar with the following documents published by the Federal Office of the Australian Information Commissioner in November 2001.

- Guidelines on Privacy in the Private Health Sector
- Information Sheet (Private Sector) 9 - 2001: Handling Health Information for Research and Management

oaic.gov.au

Standard 3.3 Health information systems

The practice manages clients' health information in accordance with legal requirements and professional obligations.

Criterion 3.3.5 Access

The practice enables clients to access their own health information on request.

Guidance

Openness

The Federal Privacy Act promotes greater openness between health service providers and clients regarding the handling of health information. The legislation gives clients a general right of access to their own client health records.

Access

The practice can provide access to a client's own health information in several ways. For example a client may look at the information and take notes or discuss it with their physiotherapist, or obtain a copy of the information.

When a client seeks access to their health information, it may be helpful for the treating physiotherapist to discuss it with them to prevent the information being misunderstood or taken out of context.

The practice is not obliged to reformat or summarise health information in response to a request for access. However, if the physiotherapist believes a summary may be more useful and the client accepts this, a summary could be provided instead of or as well as the original record.

Correction

A client may request a correction to their own health information if they believe it is not accurate, complete or up-to-date.

Charging for access

Clients may be charged for the administrative costs involved in providing access to their own health information. Fees should be reasonable and should

not discourage individuals from seeking access to their own health information.

In determining reasonable fees for access to health information, the practice may wish to refer to fees that apply to similar requests under Freedom of Information laws or legislation such as the Victorian Health Records Act 2001 or the ACT Health Records (Privacy and Access) (Fees) Determination 2006 (No 2).

Withholding access

In a limited number of situations, the practice may withhold access to a client's own health information.

For example, if it is deemed the information would pose a significant threat to the life or health of any individual, access may be denied. In this kind of situation, it may be possible to provide the information in a form which would remove the threat such as by discussing the information in person.

Access may also be withheld where the client health record contains information about another person and the privacy of that person may be unreasonably affected.

In this kind of situation, it may be possible to provide the information once the identifying details of the other person have been removed or by contacting the other person to seek consent to the release of their information, provided such contact does not cause privacy risks for the client.

Assessment indicator

- A. The practice provides the patient (or their representative) with information about how to access their health information including any possible fees and the timeframes associated with access.

Further information

The website of the Office of the Australian Information Commissioner contains a range of guidance material to help health service providers comply with the National Privacy Principles in the Privacy Act. In particular, the practice should be familiar with the following documents published by the Office of the Australian Information Commissioner in October 2001.

- Guidelines on Privacy in the Private Health Sector
 - Information Sheet (Private Sector) 4 - 2001: Access and Correction
 - Information Sheet (Private Sector) 5 - 2001: Access and the Use of Intermediaries
- oaic.gov.au

Category 3 Practice management

Standard 3.4 Risk management

The practice demonstrates effective risk management.

Criterion 3.4.1 Risk management

There is a systematic, proactive and responsive approach to risk management.

Guidance

Philosophy

Risk management should be built into the day-to-day operations of the practice. Risk management encompasses a culture of ongoing learning combined with practical policies and procedures that enable practice staff to identify, manage or eliminate risks to clients, staff, visitors and the practice itself.

Risk management can also provide a useful system for setting priorities when there are competing demands for finite practice resources.

Defining risk

Risks can range from a near miss (an event with the potential for harm or error, which is intercepted) to an adverse incident (an event that has caused some harm and may lead to a complaint or claim).

Scope of risk

Areas of potential risk may include:

- inadequate policies and procedures for managing factors such as safety, security, infection control, hazardous substances, fire protection
- inadequate management of compliance with policies and procedures
- inadequate staff training
- practice environment including access, amenities, fixtures and fittings
- equipment and electrical circuits
- individual activity such as breach of confidentiality, unprofessional conduct, poor performance, misappropriation of funds, fraud, vandalism, illegal entry, information misappropriation and human error

- commercial and legal relationships including contractual risk, product liability, professional liability and public liability
- natural events including fire, water damage, earthquakes, disease and contamination
- technology and technical issues
- environmental circumstances including legislative, policy or funding changes and competition within the healthcare industry.

Risk management procedures

The practice should have risk management procedures that provide a coordinated and comprehensive system to identify, manage or eliminate risk.

The risk management system should incorporate the following basic elements:

- risk identification—identify risks and their likely occurrence and consequences
- risk analysis—differentiate minor and serious risks and determine which risks are unacceptable and should be managed as a priority
- risk management—evaluate the options for managing unacceptable risks and implement a plan of action
- risk review—monitor risks and revise risk management procedures on an ongoing basis to ensure the procedures remain effective both separately and collectively.

Policies and procedures should include clear guidance on identifying, analysing, reporting, managing and documenting risk, and learning from the experience.

The policy and procedure manual is an important tool for effective risk management. The manual should be used as a day-to-day resource and form an integral part of the staff orientation program. The development and regular review of practice policies and procedures is in itself a valuable risk management exercise.

Managing adverse incidents

If there has been an adverse incident at the practice that may give rise to a claim or if a claim is made against the practice, it is important to contact the insurer immediately to get expert advice on how to proceed. It is important not to admit liability, offer compensation or commit anything to writing without first contacting the insurer (although an expression of regret can be made).

It may be appropriate for the practice to provide support, including counselling, for those involved in an adverse incident.

Assessment indicators

- A. The practice has appropriate insurance cover including:
 - building and contents
 - public liability
 - professional liability
 - workers compensation
 - business protection (discretionary)
 - income protection (discretionary).
- B. The practice has a policy and procedure(s) for identifying, reporting, managing and documenting risks.
- C. The practice has a policy and procedure(s) for identifying, reporting, managing and documenting near-misses and adverse incidents.
- D. *Practice staff can describe the procedure for identifying, reporting, managing and documenting risks.
- E. *The practice principal can describe a change that was implemented to manage or eliminate risk and the outcome of the change.

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Further information

Quality in Practice (QIP) supports practices preparing for accreditation by providing template policies and procedures, including risk management procedures, which practices can adapt to their own circumstances qip.com.au

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists.
Go to insurance4physios.com

Practices seeking more detailed guidance on establishing and implementing effective risk management processes may like to purchase the publication produced by Standards Australia which provides practical advice on how your organisation can develop, implement and improve the way it manages risk. The handbook **AS/NZS ISO 31000:2009 Risk management**

- **Principles and guidelines** can be purchased from the SAI-Global website.

saiglobal.com

Category 3 Practice management

Standard 3.4 Risk management

The practice demonstrates effective risk management.

Criterion 3.4.2 Occupational health and safety

The practice complies with relevant occupational health and safety legislation, regulations and codes of practice.

Guidance

Employer responsibilities

The occupational health and safety of practice staff is governed by occupational health and safety legislation (state, territory and federal). The legislation requires employers to provide a workplace that is safe and without risk to health. Responsibilities under the legislation may extend to other places where practice staff carry out their work, such as private homes and community settings.

In general, all employers and workers have a duty of care to work in a way that does not harm their own health and safety or the health and safety of others.

Some legislation specifically requires businesses to have an injury management policy that incorporates an employer's commitment to return-to-work strategies.

Clients' rights and the health and safety of employees are not mutually exclusive. A practice needs to make reasonable endeavours to ensure the safety of both employees and clients.

Occupational health and safety systems should be built into the day-to-day operations of the practice. A systematic risk management approach is necessary to eliminate or reduce the risk of work related injury and illness. Criterion 3.4.1 deals with risk management in general and criterion 3.4.3 deals with risk management in relation to the occupational hazard of manual handling.

Consultation

Occupational health and safety information should be provided in the orientation program for new staff. In addition, the practice needs an established mechanism

for consulting with practice staff on occupational health and safety issues on an ongoing basis. The purpose of such consultations is to provide an opportunity for practice staff to raise any concerns about occupational health and safety issues and collaborate on the identification, assessment and management of occupational hazards.

The practice has an obligation to display occupational health and safety information (such as posters or booklets) in accordance with the relevant state or territory legislation.

Ergonomic principles

The practice can support the health and wellbeing of staff by providing a workplace that complies with ergonomic principles, such as adjustable work stations, adjustable lighting and adjustable treatment surfaces.

Hazardous substances

The practice will need to have written policies for storing and handling hazardous substances such as pool chemicals, plastering materials, disinfectants, antiseptics and tape residue remover. The policies should include the management of spills.

Practices are encouraged to obtain up-to-date material safety data sheets and to educate staff on the instructions they contain. Where the data sheets recommend personal protective clothing or equipment for hazardous substances used in the practice, the practice should supply such clothing or equipment and provide suitable training in its use.

Immunisation

Depending on the nature of its client base, the practice may choose to seek professional advice on immunisation for practice staff.

In general, vaccination may be offered to health professionals who are likely to be exposed to clients who are infectious and/or blood or body substances.

While the practice may recommend and pay for immunisation as an occupational health and safety issue, it will be up to individual staff to decide whether to proceed with immunisation.

Where the practice offers immunisation to staff, this should be documented.

Staff safety

The practice should have a policy on staff safety that incorporates physical safety as well as the protection of an individual's professional reputation (this may form a component of the practice's occupational health and safety policy).

The staff safety policy needs to encompass situations where a member of staff is undertaking home visits, working alone in the practice or working after-hours.

In addition, the policy needs to make specific reference to situations where there is potential for an individual's professional reputation to be put at risk.

Health professionals working in the practice alone or working after-hours should give special consideration to the inherent sensitivity in the client-practitioner relationship where hands-on intervention is involved. Where consultations involve a particularly sensitive client-practitioner relationship, such as a client with mental health problems or a client who is a minor, it may be safer to schedule the appointment for a time when others are in the practice or, subject to the client's consent, to have a third party present.

Health and wellbeing

The practice can support the health and wellbeing of staff in a variety of ways such as:

- adequate breaks
- realistic workloads
- supportive training and supervision
- communication training including strategies for dealing with aggressive clients
- contingency plans for staff absences
- referral to independent professional help for issues such as stress management.

Assessment indicators

- A. The practice has an occupational health and safety policy that is consistent with state or territory legislative requirements and includes the practice's safe manual handling procedures.
- B. The practice has an orientation program that includes occupational health and safety policies and procedures.
- C. The practice has a policy covering the safety of health professionals making home visits and working alone in the practice or working after-hours.
- D. The practice principal can describe the mechanism for consulting staff on occupational health and safety issues.

E. *Practice staff can describe their occupational health and safety responsibilities.

Further information

Copies of State and Territory occupational health and safety legislation is available via the websites of State and Territory Governments (see *Summary of contact details*).

Safe Work Australia is an Australian Government statutory agency established in 2009, with the primary responsibility of improving work health and safety and workers' compensation arrangements across Australia. Links to the State and territory work health and safety authorities can be accessed on their website.

safeworkaustralia.gov.au

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists. Go to insurance4physios.com

Material Safety Data Sheets are available from Material Safety Data Sheets Australia.
msds.com.au

The websites of some State and Territory Departments of Health/Human Services have information about immunisation for healthcare workers (see *Summary of contact details*).

Category 3 Practice management

Standard 3.4 Risk management

The practice demonstrates effective risk management.

Criterion 3.4.3 Manual handling

The practice supports safe manual handling.

Guidance

The following guidance should be read in conjunction with that provided for criterion 3.4.2 Occupational health and safety.

Terminology

Manual handling means more than just lifting or carrying something. The term 'manual handling' is used to describe a range of activities including lifting, lowering, pushing, pulling, carrying, moving, holding or restraining an object, animal or person.

The National Standard for Manual Handling requires all tasks involving manual handling to be identified and the risk of injury assessed. Where there is a risk of injury, suitable 'control measures' must be introduced.

Control measures need to be suitable and practical. They could include:

- redesigning the task or load that needs to be moved
- providing mechanical handling devices such as hoists or trolleys
- safe work procedures such as team lifting
- specific training for particular handling tasks.

Occupational health and safety

Occupational health and safety legislation requires employers to provide a workplace that is safe and without risk to health. In general, all employers and workers have a duty of care to work in a way that does not harm their own health and safety or the health and safety of others.

Practice principals and other practice staff share a responsibility for safe manual handling. If staff identify anything in the practice which could be a manual handling risk, they must discuss it with the practice manager or practice principal and try to find the best way of eliminating or reducing the risk.

Manual handling systems

In Australia, up to one third of all work related injuries occur during manual handling so it is important for the practice to have safe manual handling systems in place to minimise the risk of injury to clients or staff.

The practice should use an up-to-date reference guide to develop its own systems and 'control measures' for safe manual handling. The aim of the systems is to eliminate or reduce, as far as practicable, the risk of injury.

Risks associated with client handling must be addressed proactively. In practices where clients routinely have significant physical disability, special 'control measures' may include the use of manual handling equipment and assistive devices.

Training

The practice has a responsibility to provide information and training on safe manual handling that covers areas such as correct work methods, lifting techniques and the correct use of mechanical aids. Staff have a responsibility to follow procedures for working safely and to use any protective equipment which has been provided.

Assessment indicators

- A. The orientation program includes instruction on risk evaluation and safe manual handling.
- B. *Practice staff are able to describe the practice's approach to safe manual handling.
- C. *The physical design of the practice is conducive to safe manual handling.
- D. *The practice has adequate equipment to support safe manual handling.

Further information

Safe Work Australia has produced a **National Standard for Manual Tasks** and a **National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work** that focus on risk identification, assessment and control. These documents can be accessed on their website. safeworkaustralia.gov.au

Standard 3.4 Risk management

The practice demonstrates effective risk management.

Criterion 3.4.4 Emergency systems

The practice has systems to manage emergencies competently.

Guidance

From time to time, the practice will face emergency situations. In order to minimise their impact, the practice needs to have documented and well-rehearsed plans to deal with the emergencies it is most likely to confront. The practice may also wish to have a contingency plan for business continuity in case an emergency event precludes the ongoing operation of the practice in its original premises either temporarily or on a permanent basis.

Terminology

The term 'emergency' is defined as an abnormal and dangerous situation which threatens life or property and requires immediate action. In the private practice setting, the most common emergency situations would include:

- client collapse, fall or burn
- hazardous material accident
- physical threat
- fire
- hold-up
- bomb threat.

In general, emergencies are infrequent, unpredictable, variable and stressful. They inevitably require immediate action. The practice must have emergency procedures which takes these characteristics into account.

Emergency procedures

The emergency procedures must outline clearly and simply the basic actions to be taken by practice staff during and after a specified emergency, to minimise the effects of the emergency on life and property.

The emergency procedures should outline what action should be taken immediately and include relevant contact details for seeking help from civil authorities such as police, fire brigade, ambulance and state emergency services. There should be a procedure for emergency evacuation of the practice.

The practice must display a floorplan depicting the location of fire and emergency equipment and designated exits.

Education and training

All staff must be familiar with emergency procedures which should form a key part of the orientation program for new staff.

All staff must undergo emergency procedure training at least annually. The training must include accredited CPR training and evacuation drills.

Assessment indicators

- A. The practice has an emergency policy and procedure(s) that includes:
- medical emergencies
 - hazardous material accidents
 - physical threat
 - fire
 - hold-up
 - bomb threat
 - natural disasters.
- B. Practice staff have current cardiopulmonary resuscitation certification.
- C. *There is a readily visible floorplan showing the location of fire and emergency equipment and designated exits.
- D. *Emergency exits are clear, accessible and operational.
- E. *Practice staff can confirm that fire safety and other emergency training, including fire drills, are conducted at least annually.

Further information

Australian Standard **AS 4083-2010 Planning for emergencies - Health care facilities** can be purchased from the SAI-Global website.

saiglobal.com

Interpretation of the standard should take account of the size and scope of the practice.

Category 3 Practice management

Standard 3.5 Improving practice management

The practice actively seeks opportunities to improve its management.

- improved capacity and flexibility to respond to market opportunities
- acknowledgement of improved performance
- objective basis for performance reward
- staff who are motivated to seek improvement in their day-to-day work.

Criterion 3.5.1 Quality improvement

The practice demonstrates continuous improvement in its management.

Assessment indicators

- A. The practice reviews the objectives in its strategic plan on a regular basis.
- B. The practice principal can describe an improvement that was implemented as the result of the last planning review.

Guidance

Continual improvement of overall performance should be a permanent objective of the practice.

Quality cycle

The quality cycle is seen as a continuous process of planning, acting, evaluating and feedback. The quality cycle applies to the process of practice management as well as the outcomes of practice management.

Quality initiatives should follow the basic steps outlined below to ensure activity being undertaken by staff is meeting desired goals.

- **Plan:** assess the status quo before any changes are made to provide a baseline for future reference.
- **Act:** enact initiatives to meet quality improvement goals.
- **Evaluate:** check in the short term to see if planned activity is producing desired outcomes and then check again in the longer term to see if the quality improvement is being sustained.
- **Feedback:** work out if/how activity needs to change to achieve or sustain the desired quality improvement and start again.

Benefits of the quality cycle

Applying the principles of management-by-continual-improvement should deliver tangible benefits to the practice such as:

- clarity of purpose through quality objectives defined in the strategic plan
- consistency in evaluating and improving practice performance using agreed measures

Category 4 Physical environment

Standard 4.1 Facilities

The practice provides a safe and professional environment.

Criterion 4.1.1 Practice environment

The practice environment is clean and safe and conducive to professional service delivery.

Guidance

This criterion recognises that the physical environment of the facility affects the delivery of safe, effective and professional services, as well as clients' perceptions of the value of healthcare provided by the practice. The environment includes the external as well as the internal environment of the practice.

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The APA acknowledges that physiotherapy practices operate in a wide range of environments, from large custom-designed practices to single rooms within a professional suite or private residence. As long as practices offer a suitably professional physical environment, they will not be disadvantaged in the accreditation process.

Practice environment

The external environment includes parking, steps, entrance and signage. The external environment needs to be maintained so that it can be safely negotiated by clients, staff and visitors. There should be adequate lighting for safety purposes.

The internal environment relates to the overall practice amenity as well as fixtures and fittings. It should be clean and safe. The lighting, ventilation and temperature of the practice should be maintained at levels that safeguard the comfort and safety of clients and practice staff.

There should be facilities for staff to store personal effects and enjoy their work breaks.

Warning signs

Warning signs should be clearly displayed and should cover cardiac pacemakers, metal implants, heat intervention and electrical stimulation. Where a significant proportion of the client base is from a non-English

speaking background, warning signs should be displayed in the appropriate languages.

Privacy

The physical set up of the practice must allow for adequate auditory and visual privacy for consultations, in accordance with criterion 1.1.2 Privacy. For example, consultation rooms and the reception area should be set up in such a way that health information on computer screens or health records are not generally visible.

Professionalism

A professional manner describes an ethos of conduct that is reflected in the attitude, approach, demeanour and empathy of practice staff. A professional manner is important in sustaining standards that meet peer and community expectations.

A sense of professionalism should extend to the appearance of the practice's physical environment. For example, linen and other practice supplies should be stored neatly in cupboards, shelves or trolleys and should not be located on the floor or in areas where they impede access to treatment areas or safety exits.

Assessment indicators

- A. *The practice environment (internal and external) is maintained in a safe and professional manner.
- B. *The waiting area can accommodate the number of clients usually waiting at any one time.
- C. *The practice has lighting and ventilation adequate for client comfort and safety and that enables practitioners to provide quality care.
- D. *Relevant warning signs are prominently displayed.
- E. *Practice linen and supplies are stored in a clean, dry and hygienic manner.
- F. *Toilet and hand washing facilities are clean and accessible.

Further information

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists. Go to insurance4physios.com

Standard 4.1 Facilities

The practice provides a safe and professional environment.

Criterion 4.1.2 Compliance

The practice facilities comply with relevant legislation, regulations and standards.

Guidance

The following guidance material is general in nature and subject to change depending on changes to associated legislation, regulations and standards. It is important for the practice to keep abreast of new requirements and to seek specific individual advice as required.

Planning and building requirements

Physiotherapy practice facilities need to comply with industry standards, including the Building Code of Australia.

The practice is advised to seek specific local advice about requirements for practice facilities from the local government planning and building departments or a registered building surveyor in the first instance, in relation to building a new practice, setting up a practice in an existing building or refurbishing a practice.

Practices are also advised to contact their local government office to seek specific advice on requirements such as (but not limited to) emergency exits, emergency exit lights, smoke detectors, fire extinguishers, toilets, disabled access (including ramps and railings) and disabled toilets.

Physiotherapy practices located in older buildings that were subject to different planning and building requirements at the time of construction may wish to voluntarily upgrade some practice facilities such as fire protection equipment. However, such practices will not be disadvantaged in the accreditation process.

Electrical circuits

Electrical outlets and wiring should be installed by a licensed electrical contractor and maintained by a licensed electrical contractor or certified Test and Tag Technician. All electrical circuits used in areas where electromedical equipment is in contact with patients

or staff, must offer 10mA protection via residual current devices and these circuits should be clearly labelled by the electrician.

Fire protection

The practice must have suitable fire protection equipment including equipment for electrical fires. The equipment must be checked on a regular basis by a suitably qualified person.

Where the practice has disposable fire protection equipment, it must be within its use-by date.

To locate companies that inspect and service fire equipment, practices should check under 'Fire Protection Equipment' in the Yellow Pages Directory or seek advice from the local Metropolitan Fire Brigade or County Fire Authority. The practice should keep documented records of fire equipment inspections and services.

Emergency exits

Where applicable, emergency exits should be clearly marked and emergency exit lights should be checked on a regular basis by a suitably qualified person. The practice should keep documented records of inspections and services.

Hydrotherapy facilities

The practice should comply with the APA's guidelines for physiotherapists working in and/or managing hydrotherapy pools. These guidelines include construction and maintenance of hydrotherapy pool facilities, as well as client supervision and pool rescue.
NB: aquatic physiotherapy, including a pre-pool assessment, must be documented in the client health record in the same way as any other form of physiotherapy intervention.

Assessment indicators

- A. Residual current devices are inspected and serviced at least annually and the practice has documented records of these inspections and any service carried out. All electrical circuits in treatment areas are protected by 10mA residual current devices and are clearly labelled.
- B. The practice has adequate fire protection equipment and, where applicable, documented records of regular fire equipment inspections and services.
- C. Where applicable, the practice has clearly marked emergency exits and documented records of regular emergency exit light inspections and services.

Category 4 Physical environment

- D. Where the practice offers hydrotherapy facilities, the practice complies with the APA Guidelines for Physiotherapists Working in and/or Managing Hydrotherapy Pools.

Further information

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists.

Go to insurance4physios.com

Standard 4.1 Facilities

The practice provides a safe and professional environment.

Criterion 4.1.3 Practice access

The practice provides appropriate physical access for clients.

Further information

For specific information about planning and building requirements on physical access for clients with a disability, the practice is advised to contact the local government planning and building departments in the first instance. The section on Disability Rights on the website of the Australian Human Right Commission has Disability standards on access to premises.

humanrights.gov.au

Guidance

In general, the practice should strive to meet the physical access needs of its predominant client base.

Safe access

The practice should provide safe access for clients, staff and visitors. Safe access encompasses a wide range of factors such as parking, pathways, steps, doormats, ramps, railings, entrances, floor coverings and treatment rooms.

Where the client base includes a significant proportion of people with a physical disability who have special access needs, the practice should strive to meet these needs.

Parking access

The practice should provide information about local street parking or provide private parking spaces.

Access for people with a disability

Where the practice does provide special access for people with a physical disability, such amenities (including toilet facilities, ramps and railings) must comply with local government building requirements.

Assessment indicators

- A. Parking is available within reasonable proximity of the practice.
- B. *The practice provides safe physical access that meets the needs of its predominant client base.
- C. *The practice provides for the needs of clients who are unable to access the practice safely.

Category 4 Physical environment

Standard 4.2 Equipment

The practice provides safe and appropriate equipment.

Criterion 4.2.1 Equipment safety and maintenance

The practice ensures equipment is suitable, safe and well-maintained.

Guidance

Therapeutic equipment and best practice

The practice should have therapeutic equipment that enables health professionals to deliver best practice healthcare.

Where the use of specific equipment has been proven to enhance the quality of health outcomes in an area of care relevant to the practice, there will be a reasonable expectation that the practice utilises such equipment subject to its cost and availability. Similarly, there will be a reasonable expectation that the practice does not utilise equipment that has been proven to harm or not enhance the quality of health outcomes.

Therapeutic equipment

The practice should have accessible copies of the manufacturer's operating guidelines for all therapeutic equipment including electromedical equipment. Weight limits for items such as beds, wheelchairs and exercise equipment should be known and adhered to.

Therapeutic equipment should be tested for safety and performance by a suitably qualified person at least every 12 months, or more frequently if recommended by the manufacturer. The practice should maintain signed and dated records of safety and performance checks and service maintenance for all therapeutic equipment, including electro-medical equipment.

There should be a policy for reporting, servicing and replacing faulty therapeutic equipment.

The staff orientation program should include a section on equipment familiarisation.

Office equipment

The practice should have a range of office equipment, including at least a basic level of computerisation, to support an efficient business operation. The practice should have accessible copies of the manufacturer's operating guidelines for equipment and must have relevant software licences and adequate IT support.

There should be a policy for reporting, servicing and replacing faulty office equipment.

Electrical tagging

All electrical equipment should be inspected and tagged by a licensed electrician on an annual basis.

Assessment indicators

- A. The practice has a policy that describes how therapeutic equipment is managed, including servicing, cleaning, monitoring, repairs and maintenance.
- B. *The practice uses therapeutic equipment in a way that is consistent with best available evidence.
- C. *The practice installs, utilises and maintains therapeutic equipment in accordance with the manufacturer's guidelines.
- D. *Therapeutic equipment is safe, fit for purpose and maintained in accordance with manufacturer's recommendations. Records of servicing, faults and repairs are maintained.

Further information

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists. Go to insurance4physios.com

Standard 4.3 Infection control

The practice ensures appropriate infection control and hygiene.

Criterion 4.3.1 Infection control standards

The practice adheres to industry standards for infection control and hygiene.

Guidance

Infection control procedures

The practice must maintain standards of infection control and hygiene that are relevant to the nature and scope of its services.

The practice should have infection control procedures that cover relevant aspects of the following:

- cleaning/disinfecting of treatment beds, face holes, electrical equipment, gym and therapy equipment, and benches
- changing cloth or paper protective linen between clients
- sterilising equipment
- wearing personal protective equipment (such as gloves, gown, masks)
- managing clients with wounds or infections
- managing spills, including blood and body fluids
- clinical waste management, including sharps disposal
- general waste management such as stained bandages, disposable spatulae
- sharps injury management.

Hygiene

There needs to be an established routine for cleaning the practice, including bathrooms, on a regular basis.

There must be a procedure for hand hygiene to minimise the transmission of infection.

Assessment indicators

- A. The practice has a policy and procedure(s) for infection control that are consistent with the NHMRC guidelines *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (2010).
- B. *Practice staff can describe infection control practices that are relevant to their roles.
- C. *The practice has a schedule for environmental cleaning and is visually clean.

Further information

The **Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010)** published by the National Health and Medical Research Council (NHMRC) are available through their website.
nhmrc.gov.au

Australian Standard **AS/NZS 4815:2006 Office-based health care facilities - Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment** can be purchased from the SAI-Global website.
saiglobal.com

Category 5 Quality physiotherapy

Standard 5.1 Clinical best practice

Physiotherapists provide quality physiotherapy that is safe and consistent with recognised best practice.

Criterion 5.1.1 Recognised best practice

Client care is based upon the best available evidence.

Guidance

A fundamental goal of best practice healthcare (and practice accreditation) is to achieve health outcomes that satisfy a client with a particular presenting condition.

Evidence-based practice

This criterion recognises that in order to provide high quality healthcare and achieve optimal health outcomes, physiotherapists need to make use of the best available scientific evidence. This evidence may be categorised in a number of ways. For example, research trials are commonly evaluated according to the level, quality and statistical precision of the evidence. In the absence of reliable evidence from a research trial, expert opinion or current practice can be deemed to constitute evidence.

Evidence-based practice underpins client-centred care, as well as the quality, effectiveness and cost efficiency of healthcare. Physiotherapists should use the best available evidence in conjunction with their own clinical expertise to make sound clinical judgements and develop management programs that incorporate client preferences. The combination of evidence and professional expertise should ensure that assessment, intervention and evaluation protocols are commensurate with contemporary best practice physiotherapy.

Client health records should indicate that physiotherapy care is consistent with best available evidence.

Clinical guidelines

Clinical guidelines inform contemporary clinical practice and may include recommendations from a variety of sources, including:

- Cochrane database
- PEDro
- journals and publications

- National Health and Medical Research Council
- Australian Physiotherapy Association
- condition specific guidelines produced by organisations such as the National Heart Foundation, Diabetes Australia, Arthritis Australia, National Asthma Council of Australia, Continence Foundation of Australia, National Stroke Foundation, Australian Lung Foundation.

Access to evidence

Physiotherapists are expected to make reasonable efforts to keep themselves informed about research-based developments in physiotherapy practice. In that context, the practice should provide at least basic access to tools such as the internet, PEDro, Cochrane Collaboration, APA website, APA clinical guidelines, APA evidence-based clinical statements, APA position statements, Australian Journal of Physiotherapy and the comprehensive range of international journals accessible on the members section of the APA website.

Assessment indicators

- A. Physiotherapists have access to resources that support current best practice.
- B. Clinical practice is consistent with best available evidence.

Further information

The APA website gives members online access to the Journal of Physiotherapy and a wide range of other national and international journals. The APA website also provides online access to clinical statements, clinical guidelines and information for treating physiotherapists about common chronic conditions.
physiotherapy.asn.au

This *Clinical Practice Guidelines Portal* provides access to clinical practice guidelines produced for Australian practice. This Portal is an initiative of the National Institute of Clinical Studies, an institute of the Australian Government's National Health and Medical Research Council.
clinicalguidelines.gov.au

The *Cochrane Library* is an international database that provides reliable and up-to-date information on the effects of interventions in health care.
thecochanelibrary.com

The *Physiotherapy Evidence Database (PEDro)* is a free, web-based database of randomised controlled trials and systematic reviews in physiotherapy.
pedro.org.au

Standard 5.1 Clinical best practice

Physiotherapists provide quality physiotherapy that is safe and consistent with recognised best practice.

Criterion 5.1.2 Outcome measures

Physiotherapy outcomes are monitored using appropriate outcome measures.

Guidance

Outcome measures and clinical justification

Outcome measures are an important tool for evaluating the effectiveness of physiotherapy intervention in relation to client goals. Outcome measures assist a treating physiotherapist to evaluate and justify the need for further physiotherapy, and consider factors which may compromise intervention outcomes.

Outcome measures are used to monitor the rate of client progress by measuring and analysing quantitative and qualitative changes at defined intervals. Outcome measures may include client self-assessment tools.

The treating physiotherapist should be using outcome measures to systematically note changes in the client's health status and improvements in impairment, activity limitations and participation restrictions. Such changes should be documented in the client health record.

The measures used should be relevant to the client's presenting condition. When selecting an outcome measure, physiotherapists should consider its reliability, validity and sensitivity over time.

Outcome data

To help the practice deliver consistently high quality physiotherapy, practices are encouraged to review outcome data on a regular basis to identify areas where the practice performs well and areas for improvement. Practices may choose to review outcome data as the basis of a structured clinical review (as required under criterion 5.3.2).

For example, the practice may audit outcome data for clients with a particular condition and compare

the practice results with recognised best practice to identify areas for clinical improvement.

Assessment indicator

- A. Physiotherapists utilise appropriate outcome measures to monitor, evaluate and justify client care.

Further information

The APA website contains information about clinical justification and outcome measures.

Transport Accident Commission has a useful selection of outcome measures on the provider resource page of the website under 'physical therapy resources'.

tac.vic.gov.au

Category 5 Quality physiotherapy

Standard 5.1 Clinical best practice

Physiotherapists provide quality physiotherapy that is safe and consistent with recognised best practice.

Criterion 5.1.3 Clinical risk management

The practice has a clinical risk management system.

Guidance

Defining clinical risk

Clinical risk management underpins the safety and quality of healthcare by focusing on the identification and management of clinical circumstances that put clients at risk of harm.

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The severity of clinical risk can range from a near miss (an event with the potential for harm or error, which is intercepted) to an adverse incident (an event that has caused some harm and may lead to a complaint or claim).

Scope of clinical risk management

To ensure effective clinical risk management, the practice needs to review each contributing factor to ensure the safety and quality of service provision can be defended, and to ensure the document trail is adequate.

For example, the practice needs to demonstrate clear documentation of:

- staff induction processes covering clinical risk management
- policies and procedures for clinical risk management systems
- informed consent
- comprehensive assessment
- warnings, contraindications and precautions
- special tests
- special questions
- intervention and outcome.

Clinical risk management procedures

The practice should have risk management procedures that provide a coordinated and comprehensive system to identify, manage or eliminate clinical risk.

The clinical risk management system should incorporate the following kind of elements:

- risk identification—identify risks and their likely occurrence and consequences
- risk analysis—differentiate minor and serious risks and determine which risks are unacceptable and should be managed as a priority
- risk management—evaluate the options for managing unacceptable clinical risks and implement a plan of action
- risk review—monitor risks and revise risk management procedures on an ongoing basis to ensure the procedures remain effective both separately and collectively.

Staff education

The practice needs to educate all staff about its clinical risk management system to ensure all staff accept some level of responsibility for risk identification and risk management as part of their day-to-day work.

Clinical risk management should be an integral part of the practice's induction and continuing education program, and should be clearly outlined in staff position descriptions.

Managing adverse incidents

If there has been an adverse incident at the practice that may give rise to a claim or if a claim is made against the practice, it is important to contact the insurer straight away to get expert advice on how to proceed. It is important not to admit liability, offer compensation or commit anything to writing without first contacting the insurer (although an expression of regret can be made). It may be appropriate for the practice to provide support, including counselling, for those involved in an adverse incident.

Assessment indicators

- A. The practice's risk management policy and procedure(s) incorporates identification, reporting and management of clinical risks.
- B. The practice's incident management policy incorporates identification, reporting and management of clinical incidents.
- C. *Staff can describe the procedure they would use if they identified a risk or in the event of a clinical incident or near miss.
- D. *Physiotherapists and other health professionals can describe how clients who are left unattended during a clinical intervention are advised to seek assistance.

Further information

Insurance House works with the APA to communicate risk management advice and strategies to physiotherapists.

Go to insurance4physios.com

Category 5 Quality physiotherapy

Standard 5.2 Professional standards

Physiotherapists demonstrate commitment to ethical and professional conduct.

Criterion 5.2.1 Professional conduct

Physiotherapists demonstrate ethical and professional conduct which is in accordance with the APA Code of Conduct.

Guidance

APA Code of Conduct

The APA Code of Conduct has been established by the Australian Physiotherapy Association as the basis for ethical and professional conduct. It meets community expectations and justifies community trust in the judgement and integrity of APA members.

As health professionals of high standing, physiotherapists should keep in mind their professional obligations to clients, fellow physiotherapists, other health professionals and the wider community. One ill-considered action may bring discredit to the individual physiotherapist, the practice and the wider profession.

Physiotherapists who are members of the Australian Physiotherapy Association are bound to uphold the APA Code of Conduct and APA policies. Alleged breaches of the Code or APA policies may be referred to the Association's Professional Standards Panel except where such breaches fall within the jurisdiction of a statutory authority, such as a Physiotherapists Registration Board or a Health Services Commissioner, in which case a complaint should be made to the relevant authority.

Practice culture

The practice needs to provide an environment which supports ethical conduct in all aspects of service delivery and business operations, from evidence-based practice to appointment and billing systems and risk management procedures.

The orientation program for physiotherapists should include a review of the APA Code of Conduct and the relevant Physiotherapists Registration Act.

Scope of practice

Physiotherapists must practice in a careful, honest and accountable manner within the boundaries of their professional expertise and the scope of services provided by the practice. When indicated, clients should be referred to more suitably qualified health professionals.

For example, where the practitioner's expertise is in musculoskeletal physiotherapy, a client who presents with incontinence should be referred to another physiotherapist with special knowledge and expertise in continence management.

The practice should retain a set of clinical standards and guidelines that are relevant to its scope of practice.

Professional commitment

Physiotherapists in the practice should make a demonstrable commitment to the standing of the physiotherapy profession. Practices will choose to demonstrate this commitment in a variety of ways including practice accreditation.

Membership of the APA supports a commitment to the vision that 'All Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing'.

Practices may choose to distribute APA publications such as *InMotion* or the annual 'Physiotherapy Research Update' to promote the benefits and evidence base of physiotherapy.

Some practices may choose to offer clinical placements for physiotherapy students while some practices may choose to provide coverage for local sporting activities.

Physiotherapists can also enhance the standing of the physiotherapy profession indirectly through volunteer positions with community-based organisations.

Assessment indicators

- A. Physiotherapists are able to describe key aspects of the APA Code of Conduct and the Code.
- B. Physiotherapists are aware of their obligations under the national registration scheme including:
 - mandatory notification
 - continuing professional development
 - advertising.

Further information

The **APA Code of Conduct** sets expectations for the ethical and professional conduct of members.

physiotherapy.asn.au

The Physiotherapy Board of Australia has developed the **Physiotherapy Code of Conduct** the guide the ethical behaviour of all registered physiotherapists.

www.physiotherapyboard.gov.au

Category 5 Quality physiotherapy

Standard 5.2 Professional standards

Physiotherapists demonstrate commitment to ethical and professional conduct.

Criterion 5.2.2 Continuing professional development

Physiotherapists undertake regular and relevant continuing professional development.

Guidance

In order to provide high quality health care consistent with evolving standards, physiotherapists must undertake regular continuing professional development. This professional development may take a variety of forms including courses, lectures, postgraduate education, self-reflection and feedback from supervisors, peers and other professional colleagues.

Practice support

The APA encourages practices to provide regular professional development opportunities relevant to the scope of services provided by the practice. This could include in-service case presentations, peer review and journal clubs, as well as support for participation in courses, lectures, workshops, videoconferences and conferences such as those offered by the APA.

Whilst in-service education is valuable, it is also important for physiotherapists to interact with colleagues from other practices and facilities to gain exposure to a broad range of knowledge, approaches and professional support.

Clearly the size of the practice will determine the scope of professional development opportunities that can be offered.

Professional development records

The APA's requirement for continuing professional development (currently 100 points over three years) is the minimum acceptable standard for all physiotherapists in the practice. Individual records of continuing professional development should be maintained for each physiotherapist in the practice.

Individual needs

If individual professional development needs are identified as part of a standard performance management process, the physiotherapist should undertake professional development activities which directly address those needs.

Evidence-based practice

The professional development program within the practice should include a strategy to integrate best available evidence into clinical practice. Activities which support this aim may include presentations on current research, journal clubs, Cochrane reports, feedback from courses and conferences.

Assessment indicators

- A. Physiotherapists maintain an up to date documentary record of their continuing professional development in accordance with the requirements of the APA Continuing Professional Development Program and the national law.

Further information

The Physiotherapy Board of Australia has developed **Continuing Professional Development Registration Standard** which defines the requirements that applicants, registrants or students need to meet to be registered. www.physiotherapyboard.gov.au

The APA website and the member magazine *InMotion* include comprehensive listings of accredited courses, lecture evenings, seminars and conferences. physiotherapy.asn.au

Standard 5.2 Professional standards

Physiotherapists demonstrate commitment to ethical and professional conduct.

Criterion 5.2.3 Clinical supervision

The practice provides appropriate levels of supervision and support for physiotherapists, physiotherapy students and physiotherapy assistants.

Guidance

The practice should have policies that cover the effective supervision of physiotherapists, physiotherapy students and physiotherapy assistants. The primary focus of these policies should be the safety and quality of healthcare, and a supportive learning environment designed to enhance performance.

It is vital that the practice commit adequate resources to effective supervision, since the quality of supervision can have a fundamental impact on the safety and quality of a client's management and health outcomes, as well as the professional conduct and development of colleagues.

Supervision of physiotherapists

The supervision of physiotherapists should be formalised and documented, and demonstrate clear links between the process of induction, regular appraisal and focused professional development. Supervision should include an ongoing evaluation of competency and regular reports on performance.

Recent graduates are likely to require more frequent opportunities for discussion and peer review, whilst more experienced physiotherapists may only require opportunities to discuss clients with complex problems.

The policy on supervision should encompass a strategy that enables physiotherapists to access advice on the management of clients beyond their current scope of expertise.

Supervision of physiotherapy students

In general, the requirements for supervising physiotherapy students will be established by the relevant university.

Practices will normally need to offer a formalised induction program followed by an incremental increase in the student's caseload as their knowledge and skills improve. Supervisors will need to offer sufficient opportunities for observation and discussion and accept a duty of care for physiotherapy provided under their supervision.

Supervision of physiotherapy assistants

Physiotherapists need to accept a duty of care for physiotherapy provided under their supervision by physiotherapy assistants. Physiotherapy provided by a physiotherapy assistant must be within the scope of the assistant's education, training and professional competence.

In supervising a physiotherapy assistant, a registered physiotherapist must comply with the provisions of the APA Code of Conduct which preclude the delegation of any activity which requires the unique skill, knowledge and judgement of a physiotherapist.

A registered physiotherapist should also appreciate the meaning of supervision promulgated by the Australian Physiotherapy Council:

Direct supervision is the direction and oversight by a responsible physiotherapist who is physically present in the same treatment facility as the physiotherapy assistant.

Indirect supervision is the direction and oversight by a responsible physiotherapist who is not physically present in the same treatment facility as the physiotherapy assistant.

Assessment indicators

- A. If the practice offers clinical placements, there is a policy for providing structured supervision for physiotherapy students.
- B. The practice has a policy that covers working with physiotherapy assistants that is consistent with APA policy statements and guidelines.

Further information

Schools of Physiotherapy routinely document their requirements for the supervision of physiotherapy students on clinical placement.

The APA Position Statement **Working with a Physiotherapy Assistant or other Support Worker** provides further guidance.
physiotherapy.asn.au

Category 5 Quality physiotherapy

Standard 5.3 Quality improvement

The practice demonstrates continuous improvement in client care.

Criterion 5.3.1 Client feedback

The practice encourages and responds to client feedback.

Guidance

Feedback systems

Clients should be made aware of how they can provide feedback.

The practice needs a policy for collecting client feedback on a regular basis as a means of continuously improving practice services. At a minimum, the practice should carry out an annual client satisfaction survey to collect feedback on each of the items identified in the assessment indicators for practice accreditation. A sample client satisfaction survey is included in Appendix 3.

Client feedback is also a useful mechanism to manage risk and pre-empt complaints.

Physiotherapists should be educated about the importance of reporting negative feedback, taking timely action to address it and implementing system change—if warranted—to eliminate repeated episodes of the same problem. This learning cycle should be included in the induction program for physiotherapists.

Managing complaints

The practice must have a policy for managing simple complaints in-house. Ideally, the policy will require the documentation of complaints received by the practice and will establish overall responsibility for the management and resolution of complaints. The practice must handle complaints confidentially, fairly and efficiently, and documentation should be managed in accordance with privacy requirements.

Physiotherapists and other staff should be educated on the effective management of complaints during their induction program.

Where the complaint involves an adverse incident, the physiotherapist should contact their insurer immediately for advice on the best way to proceed.

Client complaints that cannot be resolved in-house or that allege unprofessional conduct of a serious nature should be investigated by a statutory authority. Again, the physiotherapist concerned should contact their insurer for advice.

Learning from client feedback

Client feedback provides invaluable information for improving practice services. The process of identifying an area for improvement, implementing change and then monitoring the results, should form a standard part of the practice's strategic plan.

Assessment indicators

- A. The practice has a policy that describes its approach to seeking client feedback, including how results are collated and acted on.
- B. The practice can demonstrate how it has used client feedback to improve care and services.
- C. The practice has a policy that describes its complaint management procedure and includes how complaints are recorded, investigated, acted on, and how feedback is provided to complainants

Further information

A sample client feedback survey incorporating all required fields is available from Quality in Practice (QIP) qip.com.au

The APA consumer brochure **What to Expect from Your Physiotherapist** is available on the APA website. physiotherapy.asn.au

The Australian Commission on Safety and Quality in Health Care has produced a document called **Better Practice Guidelines on Complaints Management for Health Care Services** safetyandquality.gov.au

Standard 5.3 Quality improvement

The practice demonstrates continuous improvement in client care.

Criterion 5.3.2 Improving clinical care

The practice actively seeks opportunities to improve clinical care.

Guidance

Learning day-to-day

The practice should be supporting a culture of ongoing learning and improvement.

There are several areas where the practice can strive to improve its clinical care.

To help the practice achieve ongoing improvements in the quality of clinical care, outcome data should be reviewed by all physiotherapists in the practice on a regular basis to identify areas where the practice performs well and areas for improvement. For example, the practice may audit outcome data for clients with a particular condition and compare the practice results with recognised best practice to identify areas for clinical improvement.

Structured clinical review

The practice should undertake a structured clinical review on a regular basis with a view to improving the safety and quality of its clinical care on an ongoing basis.

Practices should design a structured clinical review to suit their particular circumstances. For example, a structured clinical review may involve:

- introduction of different/more sensitive outcome measures
- audit of outcome data for particular diagnostic groups
- integration of new research evidence into clinical practice
- new service initiatives
- changes in clinical practice
- comparison with benchmark data
- research.

The clinical review should be documented and all physiotherapists in the practice should be involved in analysing the findings, initiating change to improve clinical care and evaluating the outcomes of such change.

Where the practice chooses to compare data with benchmark data, the benchmark data could comprise recognised best practice or data from earlier clinical reviews undertaken by the practice itself. At some stage in the future, it is envisaged exemplary practices will compare their own clinical data with de-identified benchmark data consolidated from other accredited practices.

Assessment indicator

- A. The practice undertakes periodic clinical reviews and acts on the findings of the reviews to improve care and services.

Summary of contact details

1. State and territory health services/complaints commissioners

ACT

ACT Human Rights Commission

hrc.act.gov.au

NSW

Health Care Complaints Commission, NSW

hccc.nsw.gov.au

NT

Health & Community Services Complaints
Commission, NT

hcscn.nt.gov.au

QLD

Health Quality and Complaints Commission, QLD

hqcc.qld.gov.au

SA

Health & Community Services Complaints
Commissioner, SA

hcscn.sa.gov.au

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TAS

Health Complaints Commissioner, Tasmania

healthcomplaints.tas.gov.au

VIC

Health Services Commissioner, Victoria

health.vic.gov.au/hsc/index.htm

WA

Health and Disability Services Complaints Office, WA

hadSCO.wa.gov.au/home/

2. State and territory health department websites

ACT

ACT Health

13 2281

health.act.gov.au

NSW

NSW Department of Health

(02) 9391 9000

health.nsw.gov.au

NT

Department of Health

(08) 8999 2400

health.nt.gov.au

QLD

Queensland Health
13 HEALTH (13 43 25 84)
health.qld.gov.au

SA

SA Health
(08) 8226 6000
sahealth.sa.gov.au

TAS

Department of Health and Human Services (Tas)
1300 135 513
dhhs.tas.gov.au

VIC

Department of Health (Victoria)
1300 253 942
health.vic.gov.au

WA

Department of Health (WA)
(08) 9222 4222
health.wa.gov.au

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3. Interpreting services

ACT

ACT Health
(02) 6205 3333 (BH), 13 22 81 (24 hours a day, seven days a week)
health.act.gov.au/c/health

NSW

NSW Health
NSW Multicultural Health Communication Service
Ph: (02) 9816 0347
mhcs.health.nsw.gov.au

NT

Department of Health and Community Services
Interpreting and Translating Service NT
Ph: (08) 8999 8506
www.itsnt.nt.gov.au/

QLD

Queensland Health
health.qld.gov.au
13 HEALTH (13 43 25 84)

SA

SA Health
(08) 8226 6000
sahealth.sa.gov.au

Summary of contact details

TAS

Department of Health and Human Services (TAS)
1300 135 513
dhhs.tas.gov.au

VIC

Department of Health (Victoria)
1300 253 942
health.vic.gov.au

WA

Department of Health (WA)
(08) 9222 4222
health.wa.gov.au

TIS National

TIS National is an interpreting service provided by the Department of Immigration and Citizenship, for people who do not speak English and for the English speakers who need to communicate with them.

TIS National has more than 30 years of experience in the interpreting industry and has access to over 1900 contracted interpreters across Australia, speaking more than 170 languages and dialects.

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TIS National is available 24 hours a day, seven days a week, for any person or organisation in Australia requiring interpreting services.

www.tisnational.gov.au/

4. State and Territory OHS Information

ACT

WorkSafe ACT
worksafe.act.gov.au/health_safety

NSW

WorkCover NSW
workcover.nsw.gov.au

NT

NT WorkSafe
worksafe.nt.gov.au/

QLD

Workplace Health and Safety Queensland
deir.qld.gov.au/workplace/index.htm

SA

WorkCover South Australia
workcover.com

SafeWork SA

safework.sa.gov.au

TAS

WorkCover Tasmania

workcover.tas.gov.au

VIC

WorkSafe Victoria

www.worksafe.vic.gov.au

WA

WorkSafe

Department of Commerce (WA)

commerce.wa.gov.au/WorkSafe/

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- Australian Commission on Safety and Quality in Healthcare (2008): *Australian Charter of Healthcare Rights*, ACSQHC, Sydney.
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- Safe Work Australia (2007): *National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work*, Australian Safety and Compensation Council, Canberra.
- SAI-Global (2006): *AS/NZS 4815:2006 Office-based health care facilities - Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment*, Melbourne.
- SAI-Global (2009): *AS/NZS ISO 31000:2009 Risk management - Principles and guidelines*, Melbourne.
- SAI-Global (2004): *AS/NZS 2500:2004 Guide to the safe use of electricity in patient*, Melbourne.
- SAI-Global (2010): *AS 4083-2010 Planning for emergencies - Health care facilities*, Melbourne.





AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

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