



Australian Standards for Physiotherapy



Safe and effective physiotherapy
July 2006

Acknowledgements

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PART ONE OVERVIEW

1.0 Introduction

The Australian Standards for Physiotherapy (the Standards) have been prepared by the Australian Physiotherapy Council on behalf of, and in consultation with, the Australian physiotherapy profession. The Standards are intended to provide the profession with a benchmark for the knowledge, skills and attributes of a safe and effective entry level physiotherapist.

High quality performance in practice is an aspiration of the physiotherapy profession. A high standard of performance ensures the effectiveness of practice and promotes the status of physiotherapy in the community. The Australian Standards for Physiotherapy are the cornerstone that assure high standards in physiotherapy for the Australian community and are an integral element in the process of accreditation of entry level physiotherapy education programs.

Physiotherapy in Australia involves a holistic approach to the prevention, diagnosis, and therapeutic management of pain, disorders of movement or optimisation of function to enhance the health and welfare of the community from an individual or population perspective. The practice of physiotherapy encompasses a diversity of clinical specialties to meet the unique needs of different client groups (Australian Physiotherapy Association, 1999). Physiotherapy services are used in a wide variety of areas such as health organisations, private practices, schools and community, and sports and workplace settings (University of Sydney, 2004). The Standards establish the criteria for entry level physiotherapy practice in Australia but do not specifically describe the entry level requirements for clinical specialties or health care settings.

The practice of physiotherapy in Australia uses an evidence-based, clinical reasoning process. The physiotherapist may undertake the following activities: the performance of physiotherapy assessments and the treatment of any injury, disease, or other condition of health, or the prevention or rehabilitation of injury, disease, or other condition of health. Physiotherapists may use physical interventions, and/or exercise prescription and/or electrophysical agents within a framework of empowerment of the individual/carer or the community through education. Practice is informed by physiotherapy specific research and the general scientific literature. In this way physiotherapists in Australia engage in evidence-based practice. The Standards reflect these aspects of the practice of physiotherapy in Australia.

The entry level education of physiotherapists takes place within universities in Australia, which offer courses at Bachelor, Honours and graduate entry Masters levels. Study is full time and all courses include a mandatory supervised practice component in a clinical setting. The Standards are embedded in the curricula of entry level physiotherapy programs in Australia and are integrated in the process of accreditation of such programs.

Part 1 of the Standards briefly describes the history, purpose and intent of the Standards, the potential users and the structure. Part 2 contains the nine standards of physiotherapy, with accompanying elements, and criteria. Part 3 outlines the fundamental principles of assessment and provides an overview of contemporary methods to evaluate achievement of the Standards in different contexts.

2.0 Background to the Australian Standards for Physiotherapy

At a meeting of the Physiotherapists' Registration Boards in 1990, it was decided to establish a widely representative Steering Committee and a working party comprising representatives of the Registration Boards, the Australian Physiotherapy Association (APA) and the Australian Examining Council for Overseas Physiotherapists (AECOP) to develop physiotherapy competency standards. Once developed, these Standards could be used as a resource for a future accreditation process. The Australian Physiotherapy Competency Standards (APCS) were finalised and accepted by the physiotherapy profession in Australia in 1994.

Following the finalisation of the APCS, the Australian Council of Physiotherapy Regulating Authorities, now the Australian Physiotherapy Council, was appointed by the physiotherapy profession to act as custodian of the APCS and to regularly oversee their review to maintain their relevance to entry level physiotherapy practitioners. A minor review of the APCS was completed in 2001 and a major review was undertaken in 2005. During the major review, the APCS document was renamed the Australian Standards for Physiotherapy. The Standards were finalised and accepted by the physiotherapy profession in Australia in 2006.

3.0 The Context of Physiotherapy Practice in Australia

The Standards apply to a wide range of physiotherapy services and contexts including:

- providing interventions to individuals and groups in response to diagnosed needs for clients
 - from a range of age groups
 - from a range of cultural and language backgrounds
 - in metropolitan, regional, rural and/or remote locations
 - with a range of abilities
 - with differing physical and cognitive abilities
 - with altered mental health
- clinical settings, such as health services/organisations and private practice
- settings such as primary and secondary schools, sporting and community settings
- promoting wellness and responding to health needs of the community
- managing acute and chronic conditions/disease that may have an impact on the client in musculoskeletal, cardiorespiratory, neurological and other systems
- working independently or under direct or indirect supervision
- working as a sole physiotherapist in isolation or within a multidisciplinary team
- working within a team of physiotherapists
- working within a research/education team.

3.1 The client

In this document, the term "client" rather than "patient" is used to reflect the range of roles the physiotherapist may play, including a primary health care role. Within the context of physiotherapy practice in Australia, the client may be:

- an individual
- carers, family and other support people
- groups (such as people with like conditions, community organisations, sporting clubs, school groups)
- a community
- organisations and individual workplaces.

3.2 Cultural diversity

The Australian community is made up of people from many cultures, including Indigenous Australians. Awareness of cultural diversity is vital when working as a physiotherapist in Australia. Practitioners need to be aware of their own cultural assumptions, and the cultures of hospitals and of health care. Physiotherapists must consider the impact of the health culture on people for whom a hospital or other health care setting is an unfamiliar environment.

Situations that may differ for people from different cultures include concepts such as:

- healing and care
- attitudes to disability and rehabilitation
- illness behaviour
- preferred practitioner gender
- differences in modesty and attitudes to dress and undress
- preparation for death and death rituals
- structure of discharge planning and community support
- role of the client and the extended family or support network.

3.3 The health care setting

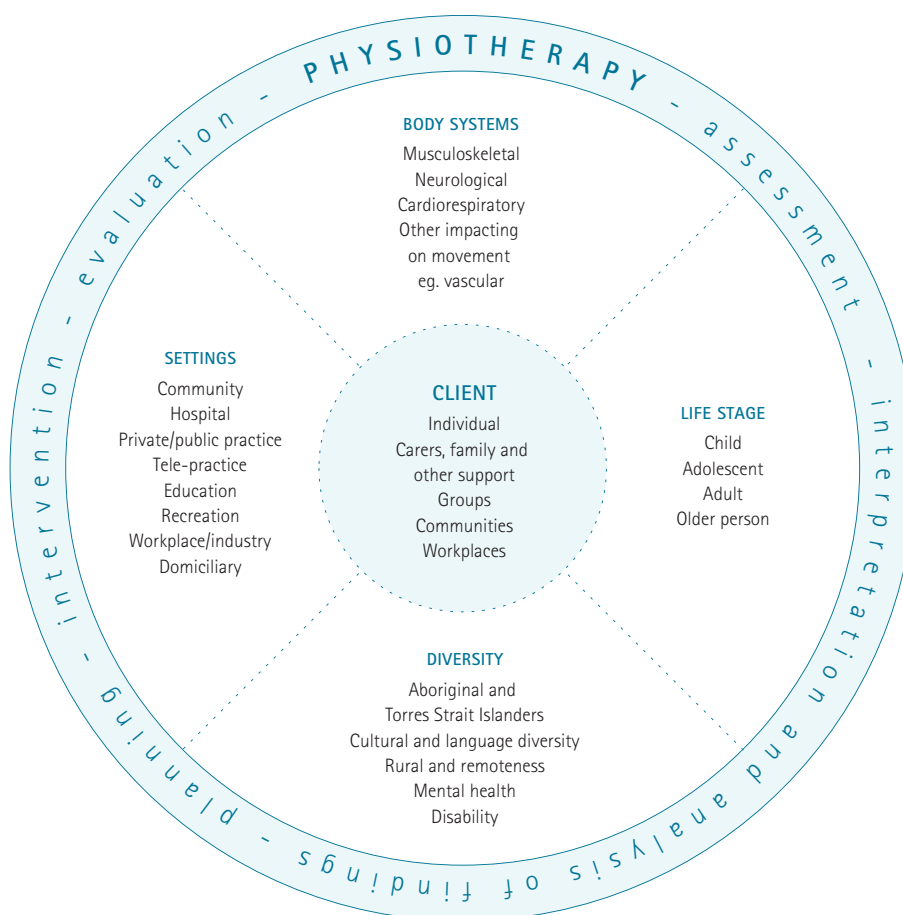
Physiotherapists in Australia must be aware of a number of current and emerging factors within the health care environment including:

- changing paradigms in health service delivery, in particular:
 - the importance of primary health care in preventing and promoting health and wellbeing in the community
 - the increasing demands of chronic disease, particularly in an ageing population
 - working as part of a health care team to provide an integrated service
 - increased focus on the provision of client centred delivery where the client is a partner in the health care rather than a "service recipient", and the services to be provided are tailored to the needs of the client
- an increasing focus on:
 - accountability and duty of care as defined in legislation, registration requirements, common law, professional standards of practice and codes of conduct
 - evidence-based practice
 - quality and continuous improvement processes and practices
 - Indigenous health.

3.4 The client centred approach

The practice of physiotherapy incorporates assessment, interpretation and analysis of findings, planning, intervention and evaluation of pain, physical dysfunction and movement disorders. Physiotherapy services will be determined by a range of factors, including the profile of the client, setting and the nature of the clinical presentation. Diagram 1 illustrates this relationship.

Diagram 1



3.5 Regulation of physiotherapy in Australia

Australia has a federal system of government and is divided into six independently governed States and two independently governed Territories. Each Australian State and Territory has separate legislation covering the regulation of physiotherapists and the recognition of physiotherapy qualifications, and each has its own government appointed Physiotherapists Registration Board, which is responsible for the registration of physiotherapists working within their State/Territory in accordance with their relevant Physiotherapy Registration Act or equivalent legislation. To practise physiotherapy a person must be registered with the local State or Territory Physiotherapists Registration Board.

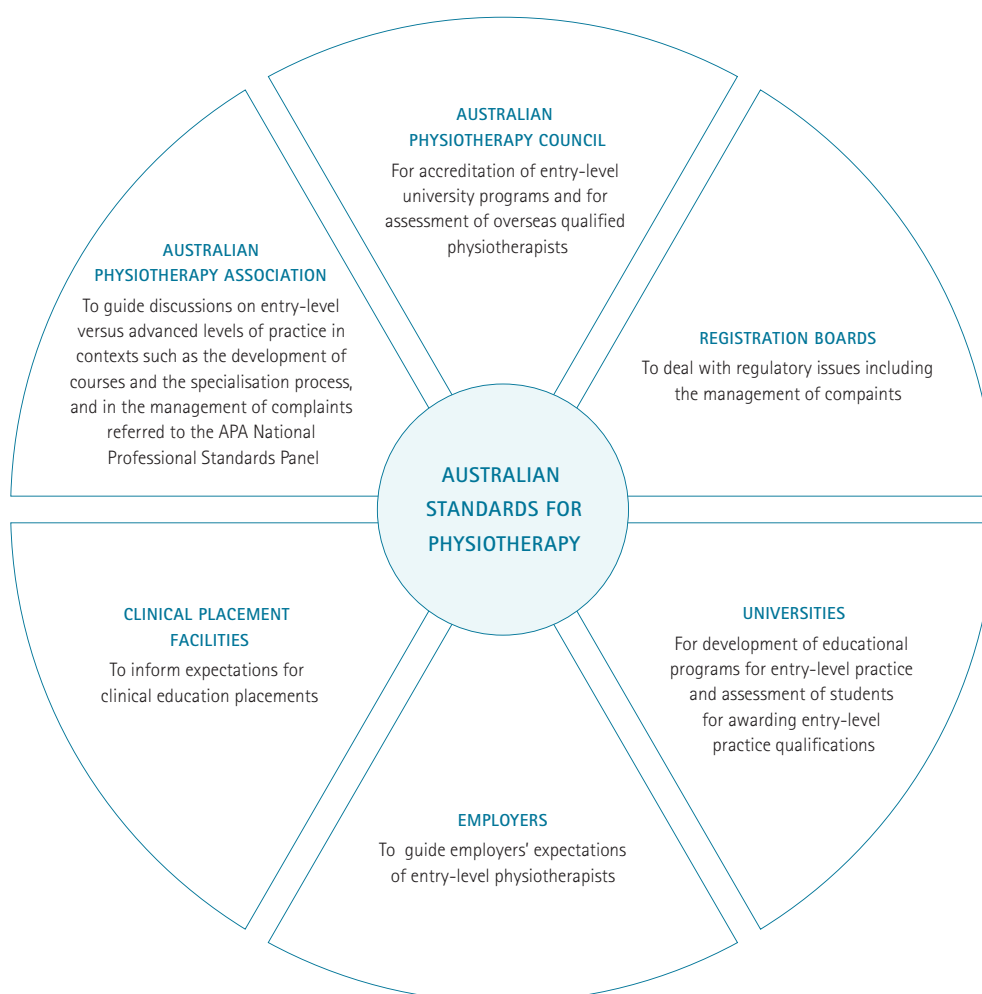
4.0 Users of the document

Users of the Standards will include:

- universities that prepare students for entry level physiotherapy practice
- Registration Boards that protect the public by ensuring registered practitioners are competent to practice
- employers who may seek to use the Standards to assist in performance appraisal and development of physiotherapists, and to establish the minimum standards expected for physiotherapists re-entering the workforce
- physiotherapists who would like to understand the Australian context before seeking recognition for registration to practice physiotherapy in Australia
- clinical educators who provide physiotherapy students with supervised clinical practice of an appropriate depth and breadth
- Australian Physiotherapy Council Accreditation Committee and Site Teams that evaluate entry level education physiotherapy programs
- Australian Physiotherapy Council Assessors, Coordinators and Examiners who assess the qualifications and skills of overseas qualified physiotherapists seeking registration in Australia.

Diagram 2 reflects the range of potential users of this document.

Diagram 2



4.1 Australian Physiotherapy Council

The role of the Australian Physiotherapy Council is to advise, investigate, accredit and make recommendations relating to the registration, standards of education, competency and practice of the physiotherapy profession. Specific aspects of Australian Physiotherapy Council's role in the context of the Standards include:

- accrediting new and existing tertiary level programs of physiotherapy education in Australia
- implementing procedures, both within Australia and overseas, assessing the professional suitability for practise in Australia of overseas qualified physiotherapists, and making recommendations about these to Australian Physiotherapists Registration Boards
- acting as custodian of the Standards and regularly overseeing their review to maintain their relevance to the assessment of entry level physiotherapy practitioners.

4.1.1 Accreditation of entry level physiotherapy programs offered by Australian universities

Accreditation of physiotherapy education has been an important component of quality control by physiotherapists in Australia for many years. In 1995, the Australian Council of Physiotherapy Regulating Authorities, now the Australian Physiotherapy Council, formed a working party to develop a process of accreditation for Australian educational programs in physiotherapy. The process was introduced in 1997.

The Australian Physiotherapy Council accredits tertiary level programs of physiotherapy education in Australia for the purpose of recommending to State and Territory Physiotherapists Registration Boards the suitability of graduates from these programs to be registered to practise as physiotherapists. As physiotherapists are primary contact practitioners, the accreditation process has implications for community safety. A national accreditation process serves the community by ensuring that accredited physiotherapy education programs meet criteria appropriate for the preparation of entry level physiotherapists as primary contact practitioners.

4.1.2 Entry level physiotherapy education in Australia

Entry level physiotherapy education in Australia commenced in the late 1890s. By 1908, physiotherapy students were completing biomedical science subjects at the University of Melbourne, University of Adelaide and University of Sydney and undertaking clinical education at the major teaching hospitals in these cities. Today, entry level education of physiotherapists takes place within universities throughout Australia, with courses offered at Bachelor, Honours and graduate entry Masters levels. An entry level physiotherapy program must be accredited by the Australian Physiotherapy Council to be recognised by all Australian Physiotherapists Registration Boards. The Standards are an integral element of the process of accreditation of entry level physiotherapy education programs in Australia.

Entry level students complete either a four year full-time equivalent program at Bachelor or Honours level or a two year full-time equivalent program at graduate entry Masters level. Study is full-time and all courses include a mandatory supervised practice component in a clinical setting. Most Australian universities offering entry level physiotherapy education have clearly defined graduate attributes that must be developed in conjunction with profession specific knowledge, skills and attributes. Graduate attributes may include:

- a comprehensive and well founded knowledge of the profession
- capacity for independent critical thought, rational inquiry and self directed learning
- cultural competence and ethical and social responsibility based on understanding and appreciation of social and cultural diversity and respect for individual human rights and dignity
- cognitive, analytical and problem solving skills.

It is expected that a graduate of an accredited entry level physiotherapy program would demonstrate the specific attributes defined in Part Two of the Standards.

4.1.3 Professional recognition of overseas qualified physiotherapists

The Australian Physiotherapy Council is responsible for assessing the current clinical competence of an overseas qualified physiotherapist at the standard required of an Australian qualified entry level physiotherapist who has completed an Australian Physiotherapy Council accredited program at an Australian university. Upon successful completion of the assessment process, an overseas qualified physiotherapist is awarded the Australian Physiotherapy Council Final Certificate. The Australian Physiotherapy Council Final Certificate is recognised by State and Territory Physiotherapists Registration Boards as an indication that the overseas qualified physiotherapist has demonstrated knowledge, skills and competence of a standard equivalent to that required to graduate from an Australian Physiotherapy Council accredited entry level program.

5.0 The Standards

There are nine Standards, each of which covers a key outcome area required from all entry level physiotherapists. All Standards are equally important. They are:

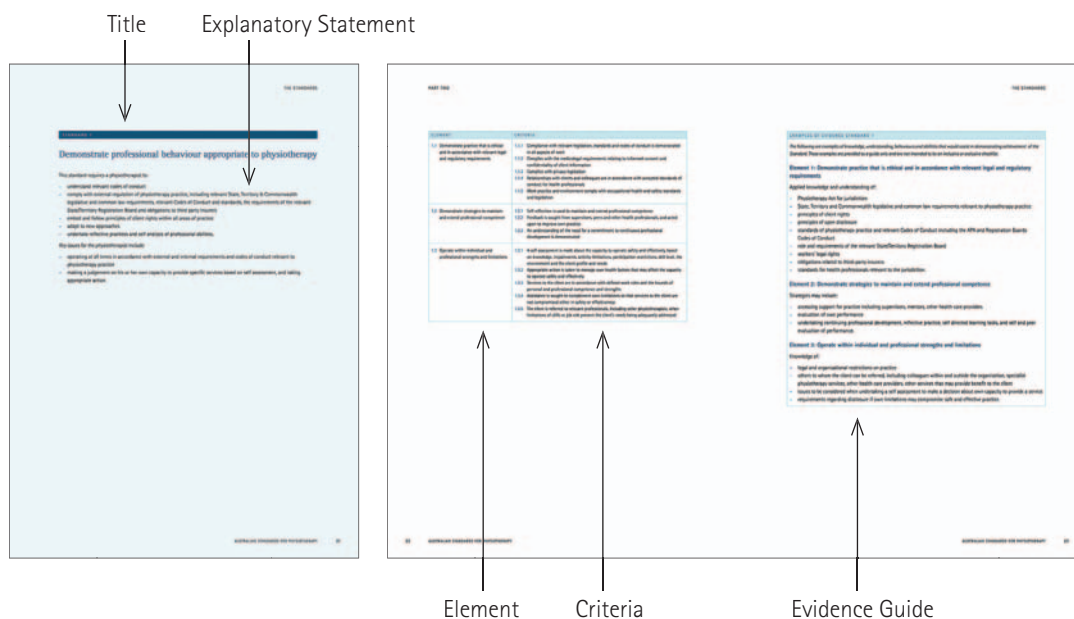
- Standard 1** Demonstrate professional behaviour appropriate to physiotherapy
- Standard 2** Communicate effectively
- Standard 3** Access, interpret and apply information to continuously improve practice
- Standard 4** Assess the client
- Standard 5** Interpret and analyse the assessment findings
- Standard 6** Develop a physiotherapy intervention plan
- Standard 7** Implement safe and effective physiotherapy intervention(s)
- Standard 8** Evaluate the effectiveness and efficiency of physiotherapy intervention(s)
- Standard 9** Operate effectively across a range of settings

5.1 Format of the Standards

The Standards are formatted with a title, explanatory statement, elements and criteria, with the facing pages detailing examples of evidence that will allow the Standards to be met.

Elements	The elements are key contributing outcomes of each Standard, all of which should be demonstrated by an entry level physiotherapist.
Criteria	The criteria describe the actions, demonstrations and level of performance required to meet the element. The criteria are work based activities that may be used to demonstrate competency.
Evidence (provided on the facing pages)	This section is designed to provide additional information to help interpret the elements and criteria.

5.2 Example of the Standards format



5.3 List of the Standards and their Elements

STANDARDS	ELEMENTS
<p>Standard 1 Demonstrate professional behaviour appropriate to physiotherapy</p>	<p>1.1 Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirements</p> <p>1.2 Demonstrate strategies to maintain and extend professional competence</p> <p>1.3 Operate within individual and professional strengths and limitations</p>
<p>Standard 2 Communicate effectively</p>	<p>2.1 Communicate effectively with the client</p> <p>2.2 Adapt communication style recognising cultural safety, and cultural and linguistic diversity</p> <p>2.3 Communicate effectively with other service providers</p> <p>2.4 Prepare and deliver presentations to groups</p> <p>2.5 Prepare and provide documentation according to legal requirements and accepted procedures and standards</p>
<p>Standard 3 Access, interpret and apply information to continuously improve practice</p>	<p>3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice</p> <p>3.2 Apply contemporary forms of information management to relevant areas of practice</p> <p>3.3 Apply an evidence-based approach to own practice</p> <p>3.4 Acquire and apply new knowledge to continuously improve own practice</p>
<p>Standard 4 Assess the client</p>	<p>4.1 Collect client information</p> <p>4.2 Form a preliminary hypothesis</p> <p>4.3 Design and conduct an assessment</p> <p>4.4 Conduct assessment safely</p>
<p>Standard 5 Interpret and analyse the assessment findings</p>	<p>5.1 Compare findings with 'normal'</p> <p>5.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses</p> <p>5.3 Prioritise client needs</p> <p>5.4 Re-evaluate as required, to develop a justifiable and sustainable hypothesis</p> <p>5.5 Identify areas that are outside skills and expertise and refer client appropriately</p>
<p>Standard 6 Develop a physiotherapy intervention plan</p>	<p>6.1 Develop rationale for physiotherapy intervention</p> <p>6.2 Set realistic short and long term goals with the client</p> <p>6.3 Select appropriate intervention</p> <p>6.4 Plan for possible contingencies that may affect intervention plan</p> <p>6.5 Prioritise intervention plan in collaboration with the client</p> <p>6.6 Determine plan of evaluation that uses valid and reliable outcome measures</p>
<p>Standard 7 Implement safe and effective physiotherapy intervention(s)</p>	<p>7.1 Obtain informed consent for the intervention</p> <p>7.2 Prepare equipment and treatment area appropriate to the intervention</p> <p>7.3 Implement intervention safely and effectively</p> <p>7.4 Manage adverse events</p> <p>7.5 Provide strategies for client self management</p> <p>7.6 Implement health promotion activities</p>
<p>Standard 8 Evaluate the effectiveness and efficiency of physiotherapy intervention(s)</p>	<p>8.1 Monitor the outcomes of the intervention</p> <p>8.2 Evaluate the outcomes of the intervention</p> <p>8.3 Determine modifications to intervention</p>
<p>Standard 9 Operate effectively across a range of settings</p>	<p>9.1 Use a model of service delivery relevant to the practice setting</p> <p>9.2 Work effectively within a team</p> <p>9.3 Manage own work schedule to maximise safety, efficiency and effectiveness</p> <p>9.4 Operate within own role and according to responsibilities</p> <p>9.5 Participate in quality improvement processes</p>



PART TWO THE STANDARDS

STANDARD 1

Demonstrate professional behaviour appropriate to physiotherapy

This Standard requires a physiotherapist to:

- understand relevant codes of conduct
- comply with external regulation of physiotherapy practice, including relevant State, Territory & Commonwealth legislative and common law requirements, relevant Codes of Conduct and standards, the requirements of the relevant State/Territory Registration Board and obligations to third party insurers
- embed and follow principles of client rights within all areas of practice
- adapt to new approaches
- undertake reflective practices and self analysis of professional abilities.

Key issues for the physiotherapist include:

- operating at all times in accordance with external and internal requirements and codes of conduct relevant to physiotherapy practice
- making a judgement on his or her own capacity to provide specific services based on self assessment, and taking appropriate action.

ELEMENT	CRITERIA
1.1 Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirements	1.1.1 Compliance with relevant legislation, standards and codes of conduct is demonstrated in all aspects of work 1.1.2 Compliance with the medicolegal requirements relating to informed consent and confidentiality of client information 1.1.3 Compliance with privacy legislation 1.1.4 Relationships with clients and colleagues are in accordance with accepted standards of conduct for health professionals 1.1.5 Work practice and environment comply with occupational health and safety standards and legislation
1.2 Demonstrate strategies to maintain and extend professional competence	1.2.1 Self reflection is used to maintain and extend professional competence 1.2.2 Feedback is sought from supervisors, peers and other health professionals, and acted upon to improve own practice 1.2.3 An understanding of the need for a commitment to continuous professional development is demonstrated
1.3 Operate within individual and professional strengths and limitations	1.3.1 A self assessment is made about the capacity to operate safely and effectively, based on knowledge, impairments, activity limitations, participation restrictions, skill level, the environment and the client profile and needs 1.3.2 Appropriate action is taken to manage own health factors that may affect the capacity to operate safely and effectively 1.3.3 Services to the client are in accordance with defined work roles and the bounds of personal and professional competence and strengths 1.3.4 Assistance is sought to complement own limitations so that services to the client are not compromised either in safety or effectiveness 1.3.5 The client is referred to relevant professionals, including other physiotherapists, when limitations of skills or job role prevent the client's needs being adequately addressed

EXAMPLES OF EVIDENCE STANDARD 1

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirements

Applied knowledge and understanding of:

- Physiotherapy Act for jurisdiction
- State, Territory and Commonwealth legislative and common law requirements relevant to physiotherapy practice
- principles of client rights
- principles of open disclosure
- standards of physiotherapy practice and relevant Codes of Conduct including the APA and Registration Boards Codes of Conduct
- role and requirements of the relevant State/Territory Registration Board
- workers' legal rights
- obligations related to third-party insurers
- standards for health professionals relevant to the jurisdiction.

Element 2: Demonstrate strategies to maintain and extend professional competence

Strategies may include:

- accessing support for practice including supervisors, mentors, other health care providers
- evaluation of own performance
- undertaking continuing professional development, reflective practice, self directed learning tasks, and self and peer evaluation of performance.

Element 3: Operate within individual and professional strengths and limitations

Knowledge of:

- legal and organisational restrictions on practice
- others to whom the client can be referred, including colleagues within and outside the organisation, specialist physiotherapy services, other health care providers, other services that may provide benefit to the client
- issues to be considered when undertaking a self assessment to make a decision about own capacity to provide a service
- requirements regarding disclosure if own limitations may compromise safe and effective practice.

STANDARD 2

Communicate effectively

This Standard encompasses:

- the application of verbal, non verbal and written communication skills appropriate to physiotherapy practice
- being respectful and sensitive to individual needs and differences and adjusting communication to meet those needs
- reflective listening skills
- basic conflict resolution and negotiation skills
- managing group dynamics
- engaging audience attention.

Key issues for the physiotherapist include:

- establishing and maintaining rapport with the client
- complying with relevant documentation requirements, including maintenance of client records
- using medical terminology and jargon appropriately.

ELEMENT	CRITERIA
2.1 Communicate effectively with the client	2.1.1 Rapport is established with the client 2.1.2 Verbal and non-verbal communication is adapted to the needs and profile of the client 2.1.3 Communication with the client is conducted in a manner and environment that ensures confidentiality, privacy and sensitivity 2.1.4 The goals, nature, purpose and expected outcomes of the physiotherapy intervention are discussed and agreed 2.1.5 Appropriate techniques are used to communicate effectively with the client about health promotion issues relevant to area of physiotherapy practice 2.1.6 Where communication barriers exist, efforts are made to communicate in the most effective way possible and assistance is sought as required from sources including technology and other persons 2.1.7 Communication is adapted to accommodate client needs 2.1.8 Appropriate strategies are employed to address communication difficulties
2.2 Adapt communication style recognising cultural safety, and cultural and linguistic diversity	2.2.1 Respect for cultural and linguistic diversity is demonstrated in all communication with the client, colleagues and other service providers so that effective relationships are developed and maintained 2.2.2 When required, a third party is requested to be present for reasons including cultural sensitivity and the provision of interpreter services 2.2.3 Appropriate effort is applied to sensitively recognise, negotiate and where possible resolve conflicts, taking into account cultural considerations
2.3 Communicate effectively with other service providers	2.3.1 Effective working relationships with colleagues and team members are established and maintained 2.3.2 Written and verbal communication with health professionals and other service providers follows accepted protocols and procedures to ensure information is conveyed clearly and accurately

EXAMPLES OF EVIDENCE STANDARD 2

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Communicate effectively with the client

Demonstrate communication strategies such as:

- applying effective verbal and non-verbal communication processes, including written communication
- adapting communication, in recognition of the impact of language, culture, abilities, age, gender and/or health status
- addressing possible communication needs of specific groups
- adjusting communication to meet the needs of specific clients
- conflict resolution
- active listening.

Demonstrate commonly used communication strategies with clients in relation to:

- conducting effective consultations/interviews
- outlining proposed interventions
- giving instructions
- receiving and giving feedback.

Element 2: Adapt communication style recognising cultural safety, and cultural and linguistic diversity

Demonstrate application of:

- strategies for communicating effectively with people from differing cultural backgrounds including Indigenous Australians
- understanding of issues that may be a potential cause of misinterpretation or conflict when working across cultures
- common formats for documentation relevant to physiotherapy practice
- how to access and use interpreters.

Element 3: Communicate effectively with other service providers

Ability to adapt communication with others including:

- physiotherapy colleagues
- other allied health professionals
- nurses and medical practitioners
- community groups
- other service providers
- team leaders
- support staff including therapy assistants
- students
- government and non-government agencies responsible for payment of physiotherapy services
- government departments

Understanding of:

- protocols for reporting to various service providers
- medical terminology relevant to the area of practice.

This Standard is continued overleaf

ELEMENT	CRITERIA
2.4 Prepare and deliver presentations to groups	2.4.1 Presentations are planned and prepared to match audience needs 2.4.2 Information is conveyed in a format and style to match audience needs 2.4.3 A range of relevant delivery strategies are applied to presentations\
2.5 Prepare and provide documentation according to legal requirements and accepted procedures and standards	2.5.1 All documentation is legible, accurate and concise 2.5.2 Documentation is provided that meets the needs of the recipient 2.5.3 All records comply with legal accountability, confidentiality requirements, accepted procedures and standards 2.5.4 Documentation is produced that is comprehensive and provides adequate evidence of assessment and intervention planning

EXAMPLES OF EVIDENCE STANDARD 2

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 4: Prepare and deliver presentations to groups

Utilises:

- methods used to engage audiences
- different learning styles and learning principles relevant to the age group
- commonly used group processes
- strategies to facilitate optimal group dynamics.

Element 5: Prepare and provide documentation according to legal requirements and accepted procedures and standards

Thorough understanding of:

- legal and statutory record keeping requirements relevant to the jurisdiction
- common formats for documentation relevant to physiotherapy practice
- organisational requirements for documentation.

STANDARD 3

Access, interpret and apply information to continuously improve practice

This Standard encompasses the understanding and application of a range of information management skills required by physiotherapists, including:

- applying foundation knowledge and understanding of the concepts and principles of biomedical and behavioural sciences
- rational, critical, logical, conceptual and independent thinking that supports delivery and continuous improvement of physiotherapy services
- synthesis, analysis and interpretation of information relevant to the job role
- application of clinical reasoning steps and processes related to assessing and meeting the needs of the client
- application of research skills that support and promote the quality of care provided by the individual physiotherapist, including identifying and accessing others' research, evaluating others' research findings for relevance, and applying others' research findings to own area of practice. In some cases this may entail participation in basic research projects
- computer literacy
- use of information management systems relevant to the job role, including storage, maintenance and accessing of information.

Key issues for the physiotherapist include:

- compliance with internal and external accountability requirements
- ability to source, access and make use of a wide range of information
- addressing ethical issues in relation to research and information management.

ELEMENT	CRITERIA
3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice	3.1.1 Relevant knowledge of theoretical concepts and principles of biomedical and behavioural sciences is applied to physiotherapy practice 3.1.2 Principles of the physiotherapy assessment process, its basis and use of relevant outcome measures are applied to physiotherapy practice 3.1.3 Knowledge of common clinical presentations, interventions and management approaches is applied to physiotherapy practice
3.2 Apply contemporary forms of information management to relevant areas of practice	3.2.1 Relevant information and communication technology is used efficiently to record, store, convey and retrieve client information 3.2.2 A range of information relevant to physiotherapy practice is accessed

EXAMPLES OF EVIDENCE STANDARD 3

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice

Knowledge and understanding of:

- theoretical concepts and principles of biomedical sciences relevant to the practice of physiotherapy, for example
 - anatomy, neuroanatomy, functional anatomy, physics, pathology, physiology, neurophysiology, pathophysiology, exercise physiology and pharmacology, as they apply to the musculoskeletal, cardiorespiratory and neurological and other systems throughout the life stages
 - inter-relationships between the body systems and movement dysfunction, as they affect each client's function and influence physiotherapy intervention
- theoretical concepts and principles of cognitive and behavioural sciences relevant to the practice of physiotherapy, for example
 - the effects of biological and psychosocial factors, and social determinants as they relate to client health and care
 - the effects of family relationships on client care
 - psychosocial, cultural, environmental, spiritual and belief system factors influences on selection of assessment approach, determination of prognosis and choice of management
 - the effects of service delivery models on client outcomes, for example primary health care, client centred care
 - communication processes and skills relevant to dealing with and counselling clients across life stages
- common musculoskeletal, cardiorespiratory, neurological and other system disorders as they relate to presenting patterns, for example
 - the pathological process and possible sequelae
 - likely impairments and activity limitations
 - implications of these disorders
 - the findings of the physical examination
 - the likely prognosis
- clinical presentations that are likely to respond to physiotherapy intervention
- potential risks in the clients' and physiotherapists' environments and methods of preventing harm
- impact of co-morbidities on assessment and intervention.

Element 2: Apply contemporary forms of information management to relevant areas of practice

This will include:

- knowledge and understanding of literature relevant to area of practice
- understanding basic concepts of clinical informatics, including electronic health records, electronic image storage and retrieval and decision support
- identifying, locating and accessing information/data from a range of sources.

This Standard is continued overleaf

ELEMENT	CRITERIA
3.3 Apply an evidence-based approach to own practice	3.3.1 A working knowledge of commonly used research methodologies is demonstrated 3.3.2 Information from a range of sources is critically evaluated for the impact on own work 3.3.3 Issues relevant to evidence-based practice are discussed with colleagues, supervisors and other health professionals 3.3.4 Practices are critically evaluated in the light of available evidence to determine efficiency 3.3.5 A systematic format is applied to measuring and recording client data to ensure the effectiveness of the intervention is evaluated
3.4 Acquire and apply new knowledge to continuously improve own practice	3.4.1 Knowledge and information needs are identified 3.4.2 A range of activities that support and promote quality of physiotherapy care, including evidence-based practice, is undertaken 3.4.3 Advances in knowledge and recent developments in physiotherapy practice are researched and incorporated into own work as appropriate

EXAMPLES OF EVIDENCE STANDARD 3

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 3: Apply an evidence-based approach to own practice

This will include:

- the application of principles and practices of evidence-based practice
- an understanding of research methodologies used to inform physiotherapy practice
- basic research skills including
 - critical reading and understanding research reports
 - critical appraisal of literature
 - identifying aspects of physiotherapy practice where convincing evidence is lacking
 - accessing and deriving information from relevant health statistics
 - data interpretation
 - rational, critical, logical, conceptual and independent thinking.

Element 4: Acquire and apply new knowledge to continuously improve own practice

This will include:

- knowledge of relevant research and developments in physiotherapy practice.

STANDARD 4

Assess the client

This Standard encompasses one of the core activities of a physiotherapist: i.e. to undertake a thorough and accurate assessment of the client's impairments, activity limitations and participation restrictions and a needs judgement.

It is expected that the physiotherapist will work in partnership with the client in undertaking the assessment and that the holistic needs of the client will be considered.

This Standard requires highly developed problem solving and clinical reasoning skills.

Key issues for the physiotherapist include:

- gaining client consent
- conducting a safe, systematic and efficient assessment in accordance with accepted procedures
- working with the client in a holistic way
- maintaining professional, unbiased physiotherapist-client relationships
- identifying where further assessment by a specialist physiotherapist or member of another professional discipline is required to assist in the diagnosis of the client's problem.

ELEMENT	CRITERIA
4.1 Collect client information	4.1.1 Informed consent is obtained as appropriate for assessment 4.1.2 Client information and history are obtained 4.1.3 Presenting signs and symptoms are explored 4.1.4 Relevant measurable data are obtained and accessed where possible 4.1.5 Goals, values and expectations of the client are identified 4.1.6 All information is recorded to enable the development of a detailed management plan based on accurate and current information
4.2 Form a preliminary hypothesis	4.2.1 The information collected is analysed 4.2.2 The factors influencing clinical presentation are identified 4.2.3 Assessment needs, including priority and urgency, are identified 4.2.4 Differential diagnoses are hypothesised 4.2.5 Potential diagnoses are checked to ensure client needs are within the practitioner's scope of expertise

EXAMPLES OF EVIDENCE STANDARD 4

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Collect client information

This will include:

- informed consent from the appropriate person, for example a parent/legal guardian in the case of children and people with cognitive impairments
- information from client record or written referral
- current and prior health status
- symptoms and impairments
- impairments and activity limitations and their influence on participation in self care, work and leisure activities
- relevant health population information
- workplace data collection
- the client's priorities of concerns, needs and goals
- supplementary information, for example radiological or pathological reports or reports from other service providers.

Element 2: Form a preliminary hypothesis

Demonstrates an understanding of:

- common causes and clinical presentation of disorders
- types, sources and role of information relevant to physiotherapy assessment and diagnosis, including radiological information and relevant pathology tests
- the impact of co-morbidities on assessment
- stages of clinical reasoning process.

This Standard is continued overleaf

ELEMENT	CRITERIA
4.3 Design and conduct an assessment	<p>4.3.1 An appropriate assessment plan is formulated, including selecting tests to measure impairment and activity limitation</p> <p>4.3.2 Potential problems and contraindications to assessment are identified</p> <p>4.3.3 The assessment process is modified in recognition of factors such as the client's age, occupation, pain, co-morbidities, cultural background, ability to communicate, level of understanding, and the assessment environment</p> <p>4.3.4 Appropriate assessment tools are used</p> <p>4.3.5 A systematic, safe, efficient and goal-oriented physical examination appropriate to physiotherapy is conducted</p> <p>4.3.6 Examination findings are assessed against the preliminary hypothesis</p> <p>4.3.7 Further testing and examination is conducted or scheduled as required</p>
4.4 Conduct assessment safely	<p>4.4.1 Risk identification, assessment and reporting procedures are applied</p> <p>4.4.2 Appropriate modifications are implemented to address risks for the client or the physiotherapist undertaking the assessment</p> <p>4.4.3 Referrals are made to other service providers where clinical presentation is not consistent with the diagnosis, the client is not progressing as expected or is unexpectedly or significantly deteriorating</p>

EXAMPLES OF EVIDENCE STANDARD 4

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 3: Design and conduct an assessment

Demonstrate an ability to:

- prioritise and order assessment activities
- apply knowledge and understanding of the principles, basis and relevant outcome measures of physiotherapy assessment processes, for example:
 - the inter-relationship of body systems in normal and abnormal function
 - the purpose of tests
 - how to select tests and assessment instruments appropriate to the client's total presentation, including the level of reliability and validity and the relative accuracy, ease of use and availability
 - sensitivity and specificity of common tests
 - how co-morbidities and investigations may influence assessment outcomes
 - the influence of impairment on activity and participation
 - design and conduct physical examinations of appropriate depth and breadth, for example:
 - observational, manual and analytical testing skills relevant to all aspects of the examination
 - apply an appropriate sequence for assessment procedures
 - modify assessments according to the client's response
 - complete the assessment in a timely manner as appropriate for the client
- correctly use assessment instruments to evaluate clinical presentation
- apply examination skills to test the integrated function of all systems, as well as the component parts of each system
- assess the home, work or leisure environment
- modify the assessment according to client limitations and other safety considerations.
- progressively interpret test results to guide the nature and extent of the examination.

Element 4: Conduct assessment safely

Applied knowledge and understanding of:

- accepted risk assessment and risk management techniques applicable to physiotherapy practice
- pathological states that will contradict an assessment procedure
- indications and contraindications of basic forms of physiotherapy and other management.

STANDARD 5

Interpret and analyse the assessment findings

This Standard encompasses the skills required by a physiotherapist to consider the interrelationships of presenting signs and symptoms and the presentation of all clinical features as a whole. It includes:

- the contribution of musculoskeletal, cardiorespiratory, neurological and other system or psychosocial elements to the client's total problem
- integrating assessment findings of the different body systems and recognising the effects of one system on another
- interpreting assessment findings with respect to gender, age and physical and psychosocial parameters of the client, and in light of the activity and participation level and requirements of the client's lifestyle and occupation
- proposing and justifying differential diagnoses in order of probability
- recognising and predicting likely intervention effects
- making appropriate referrals based on knowledge of management options of common presenting conditions.

Key issues for the physiotherapist include:

- working within his or her own capabilities and providing referrals where required
- working in partnership with the client.

ELEMENT	CRITERIA
5.1 Compare findings with 'normal'	5.1.1 Normal status for the client is identified 5.1.2 Assessment findings are compared with normal status 5.1.3 The extent of pathology/disorder is determined and discussed with client to develop a course of action
5.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses	5.2.1 Clinical expectations of the presenting condition are defined 5.2.2 Symptoms are related to pathology/disorder 5.2.3 Additional information about the client is considered when making comparisons between presenting symptoms and clinical expectations 5.2.4 Actual findings are compared with expected findings and diagnostic hypotheses are considered
5.3 Prioritise client needs	5.3.1 The problems and priorities of the client are identified in collaboration with the client 5.3.2 Presenting symptoms and their interrelationships are identified 5.3.3 Possible sources/mechanisms of presenting symptoms are considered and compared with preliminary diagnosis

EXAMPLES OF EVIDENCE STANDARD 5

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Compare findings with 'normal'

Applied knowledge and understanding of:

- the following, where relevant to physiotherapy practice
 - pathology/disorder
 - physiology
 - exercise physiology
 - anatomy
 - biomechanics
 - kinesiology
 - behavioural sciences
 - cognitive change
 - signs of sinister pathology
 - diagnostic radiological findings such as x-ray, ultrasonography, MRI, and CT
 - blood and respiratory diagnostic measures
 - neurological diagnostic measures
- normal and abnormal patterns of development
- changes associated with chronic conditions
- optimal levels of function
- health through the life stages, including gender specific issues.

Element 2: Compare findings with what is expected for the condition, and include or exclude alternative diagnoses

Applied knowledge and understanding of:

- aetiology, pathology/disorder, symptoms, signs and clinical course of common clinical syndromes
- the relationship between symptoms, stage and progression of pathology/disorder
- relationship of acute and chronic symptoms to pathology/disorder
- common relationships between clinical presentation and other factors in the client's environment
- common psychosocial or psychological elements of the client's presenting problems.

Ability to:

- interpret information gathered from other service providers about the client
- compare assessment findings with expected findings for a given diagnosis or clinical problem, according to best evidence
- differentiate changes associated with chronic conditions from an acute presentation.

Element 3: Prioritise the client's needs

Recognises:

- cognitive function that can interfere with motor and sensorimotor abnormalities
- the effects of different body systems on each other
- the range of commonly encountered conditions, relevant to physiotherapy interventions.

This Standard is continued overleaf

ELEMENT	CRITERIA
5.4 Re-evaluate as required to develop a justifiable and sustainable hypothesis	5.4.1 Differential diagnoses are outlined in order of probability 5.4.2 Appropriate tests are performed to refine diagnoses 5.4.3 Clinical diagnostic hypotheses are negated or reinforced 5.4.4 Results of physiotherapy assessment are correlated with additional information to reach justifiable conclusions 5.4.5 Current scientific argument and sound clinical reasoning are incorporated into the decision making process
5.5 Identify areas that are outside skills and expertise and refer client appropriately	5.5.1 Conditions that are not amenable to physiotherapy intervention or are beyond the management skills and knowledge of the practitioner are identified 5.5.2 Appropriate referrals are made to other practitioners, including physiotherapists, based on knowledge of presenting condition and management options and own skill levels

EXAMPLES OF EVIDENCE STANDARD 5

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 4: Re-evaluate as required to develop a justifiable and sustainable hypothesis

Applied knowledge and understanding of:

- sources and mechanisms capable of causing a range of common presenting symptoms
- differentiating tests and procedures
- current information on the validity of a range of diagnostic tests.

Element 5: Identify areas that are outside skills and expertise and refer the client appropriately

Applied knowledge and understanding of:

- commonly encountered conditions for which physiotherapy intervention is likely to be effective
- conditions for which there is no evidence that physiotherapy intervention is likely to be effective
- conditions for which physiotherapy intervention is not appropriate
- appropriate referral procedures.

STANDARD 6

Develop a physiotherapy intervention plan

This Standard encompasses one of the core activities of a physiotherapist – that is, determining:

- indications for possible management based on assessment findings
- limitations and contraindications to intervention due to co-morbidities and ability to modify approach to physiotherapy intervention accordingly
- the client's suitability to participate in a group setting
- when clinical presentation warrants referral to another professional
- when assistance is required to manage risk associated with the intervention.

This will entail:

- recognising current state of evidence about a proposed intervention
- rationalising choice of intervention considering pathology/disorder, best evidence, the client's ability and needs and the physiotherapist's skill level
- recognising limitations and contraindications to intervention due to co-morbidities and modifying approach to physiotherapy intervention accordingly
- developing plans for progressive, gradual and safe return to required level of activity and participation
- ensuring the client has sufficient knowledge and skill to self manage the condition.

Key issues for the physiotherapist include:

- respecting the views expressed by the client
- ascertaining the client's understanding of the problems and needs
- successfully negotiating goals with the client
- developing an intervention that is evidence-based and appropriate for individual assessment findings.

ELEMENT	CRITERIA
6.1 Develop rationale for physiotherapy intervention	<p>6.1.1 Significant features of the assessment findings are identified and implications for physiotherapy intervention and the client are determined</p> <p>6.1.2 The potential impact of lifestyle, culture, values and attitudes and environment on a plan of intervention are identified</p> <p>6.1.3 Rationale is developed for physiotherapy intervention</p> <p>6.1.4 Opportunities are taken to promote a primary health care approach</p>
6.2 Set realistic short and long term goals with the client	<p>6.2.1 Appropriate education is provided to the client regarding the nature of the client's presenting symptoms and needs</p> <p>6.2.2 The client's expectations of the physiotherapy intervention are determined through consultation</p> <p>6.2.3 The goals of a referring colleague are acknowledged to ensure continuity of care</p> <p>6.2.4 Short and long term consequences of not providing physiotherapy are discussed with the client where appropriate</p> <p>6.2.5 Realistic, shared goals that address the client's problems, needs, expectations, potential for change and lifestyle modifications are developed and prioritised in consultation with the client</p> <p>6.2.6 Strategies for modifying the implementation of the goals are developed with the client</p>
6.3 Select appropriate intervention	<p>6.3.1 Options for physiotherapy intervention are identified and justified, based on the needs identified and best practice evidence</p> <p>6.3.2 Indications, contraindications and risks associated with intervention are identified and appropriate action is taken</p> <p>6.3.3 Interventions are selected with consideration to assessment findings from other health service providers, pathology, cost, client profile, needs and choices</p> <p>6.3.4 Intervention selected is up to date, reflects best evidence and follows best practice</p>

EXAMPLES OF EVIDENCE STANDARD 6

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Develop rationale for physiotherapy intervention

Applied knowledge and understanding of:

- a range of interventions that will be effective for particular presenting symptoms/conditions
- major changes and stresses a client may face during rehabilitation
- respecting client beliefs regarding management options.

Element 2: Set realistic short and long term goals with the client

Ability to:

- identify potential secondary problems likely to develop in the absence of physiotherapy intervention
- identify potential improvements that are likely to be gained
- engage the client in goal setting.

Element 3: Select an appropriate intervention

Selects:

- appropriate and effective interventions
- mechanisms used for improving function within activities of daily living, and for modifying the home, work and/or leisure environment
- current state of research knowledge about a proposed intervention
- approaches to promoting a healthy lifestyle and preventing injury and dysfunction
- options for minimising cost and maintaining effectiveness
- interventions based on ethical consideration of over servicing and under servicing.

This Standard is continued overleaf

ELEMENT	CRITERIA
6.4 Plan for possible contingencies that may affect intervention plan	<p>6.4.1 Factors influencing the progression and effectiveness of the intervention plan are identified</p> <p>6.4.2 Appropriate precautionary actions are taken in relation to physiotherapy interventions for all clients</p> <p>6.4.3 Contingency plan is developed to address potential risks</p> <p>6.4.4 Appropriate warnings are given to clients about dangers and risks of unwanted and adverse events</p> <p>6.4.5 The intervention plan considers the availability of resources and recognises any limitations imposed</p> <p>6.4.6 The client is referred to other relevant colleagues when the issues or problems identified are not appropriate for physiotherapy or require a multidisciplinary approach</p> <p>6.4.7 The environment is evaluated to determine impediments to and risk factors for intervention</p>
6.5 Prioritise intervention plan in collaboration with the client	<p>6.5.1 Priorities for physiotherapy intervention are established in consultation with the client</p> <p>6.5.2 A realistic timeframe for goal attainment is developed with the client</p>
6.6 Determine plan of evaluation that uses valid and reliable outcome measures	<p>6.6.1 Relevant evaluation procedures are specified</p> <p>6.6.2 Suitable functional outcome measures are selected</p> <p>6.6.3 Appropriate documentation is maintained</p>

EXAMPLES OF EVIDENCE STANDARD 6

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 4: Plan for possible contingencies that may affect intervention plan

Ability to identify:

- the influences on client motivation to implement the plan, including
 - cognitive and physical abilities
 - health issues including mental health
 - distance from therapy services and access to transport
 - attitudes to change
 - the setting and psychosocial environment
 - financial considerations
- factors that may limit the client's participation or performance, for example
 - cognition/perception
 - fluctuating conditions, co-morbidities
 - language
 - ageing and its impact on the musculoskeletal, cardiorespiratory, neurological and other systems of each gender
 - pain, stiffness, medication and physiological processes of the client
 - compensable claims status
 - economic status
 - the influence of cultural and socioeconomic background on the client's attitude to physiotherapy management
 - inappropriate interventions
- the roles of other professionals in the management of the client
- conditions that do not respond to physiotherapy and may require other intervention/strategy
- possible adverse effects of interventions
- warnings that must be given about an intervention.

Element 5: Prioritise intervention plan in collaboration with the client

Ability to:

- work with the client to seek agreement on addressing their needs, including consideration of factors such as health, lifestyle, existing supports, cultural, social and economic situation
- set management goals in collaboration with client.

Element 6: Determine a plan of evaluation that uses valid and reliable outcome measures

Ability to:

- set management goals in collaboration with client
- use suitable re-evaluation and outcome measures (valid, reliable, practical, responsive and appropriate).

STANDARD 7

Implement safe and effective physiotherapy intervention(s)

Safe and effective physiotherapy interventions encompass interpersonal, ethical, treatment and occupational health and safety considerations. This Standard encompasses the consistent application of knowledge and understanding of all these areas to provide safe and effective physiotherapy interventions. It includes:

- working in partnership with the client in relation to the proposed interventions and judging how to motivate the client to participate in a management strategy
- providing relevant information to the client in an appropriate way, assessing if the client is able to make an informed decision, and seeking consent from the appropriate person
- showing empathy for the client's comfort, dignity and cultural values, and respect for the client's right to confidentiality and privacy
- demonstrating psychomotor skills that will ensure that services are effective, accurate and responsive to client needs
- preparing equipment, including electrophysical agents and equipment, checking and monitoring safety and taking necessary precautions
- conducting physiotherapy interventions effectively, efficiently, skilfully, accurately and sensitively, minimising distress to the client, working safely under duress, and minimising over servicing to clients
- recognising common presentations of conditions that may require emergency intervention and responding appropriately to prevent or address adverse events including cardiopulmonary resuscitation procedures
- conducting health promotion activities within the scope of the role.

Key issues for the physiotherapist include:

- accepting the client's right to refuse physiotherapy services
- informed consent and who provides the consent
- matching the intervention program to the problems, risk factors and identified client needs
- provision of primary health care.

ELEMENT	CRITERIA
7.1 Obtain informed consent for the intervention	7.1.1 The appropriate consent giver is identified 7.1.2 Strategies are engaged to ensure that the implications of intervention processes and responsibilities are understood by the consent giver 7.1.3 The relative benefits of each form of intervention and the implications of no intervention are explained 7.1.4 Realistic expectations of the outcome, the limitations to achieving that outcome and, where appropriate, costs of the intervention are discussed 7.1.5 The client is made aware of potential risks or side-effects as a result of intervention 7.1.6 Informed consent is obtained and recorded according to protocols
7.2 Prepare equipment and treatment area appropriate to the intervention	7.2.1 Equipment is selected appropriate to the physiotherapy intervention 7.2.2 Equipment is checked to ensure readiness for safe operation and use 7.2.3 The treatment area, including equipment, is prepared for intervention to maximise effectiveness, efficiency, safety and privacy for the client
7.3 Implement intervention safely and effectively	7.3.1 Interventions are conducted safely and effectively 7.3.2 Risks to the client and the physiotherapist are identified and managed 7.3.3 Appropriate precautions are applied 7.3.4 Appropriate mechanical equipment is used to assist in client transfer and handling 7.3.5 Infection control procedures are implemented 7.3.6 Intervention is implemented sensitively to minimise distress 7.3.7 Intervention implemented is consistent with the agreed intervention program 7.3.8 Strategies are used to motivate the client to participate in the intervention program 7.3.9 Quality interventions are provided that best meet the needs of the client, within the resource constraints of the organisation 7.3.10 The client is monitored throughout the intervention and appropriate modifications are made for the client's comfort and according to the client's condition

EXAMPLES OF EVIDENCE STANDARD 7

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Obtain informed consent for the intervention

Determine:

- who is the appropriate "consent giver"
- relative benefits of each form of intervention and the implications of no intervention
- risks of various types of physiotherapy intervention techniques
- the interaction between physiotherapy and other interventions, including surgery, medical management such as pharmaceuticals, and interactions with complementary and alternative therapies
- the client's right in relation to accepting and refusing physiotherapy services
- legal requirements and importance of informed consent
- organisational procedures for obtaining and recording consent.

Element 2: Prepare equipment and treatment area appropriate to the intervention

Identify:

- equipment that will provide safe and effective care of the client
- potential risks associated with different equipment
- other potential environmental hazards
- considerations in the selection and application of equipment, including matching equipment to age and condition of the client.

Element 3: Implement intervention safely and effectively

Demonstrates:

- specific tasks and activities that ensure safety such as
 - safe client transfer and handling techniques
 - safe positioning of the client and self
 - using treatment positions that cater for physical or other limitations
 - appropriate intervention in the presence of pathology/disorder and risk factors
 - management of clients with communicable diseases
 - infection control practices
 - safe use of electrophysical agents and equipment, including applying a program of regular safety checks of equipment
 - understanding the potential effects of physiotherapy techniques on the musculoskeletal, cardiorespiratory, neurological and other systems
 - understanding the effect of pain relief or other medications relevant to care of client during and after intervention
 - understanding aspects of techniques that may exacerbate co-morbidities
 - accepted current best practice in physiotherapy interventions in all areas of physiotherapy practice, including effective psychomotor skills
 - actions that may influence quality of intervention, including communicating appropriately with client throughout intervention, motivating client for optimal participation and ongoing commitment, giving accurate instructions and feedback related to performance, and monitoring patient comfort
- understanding of common modifications to interventions in response to client needs and cultural and religious values.

This Standard is continued overleaf

ELEMENT	CRITERIA
7.4 Manage adverse events	<p>7.4.1 Potential adverse events are identified, and relevant precautionary measures are taken, including strategies to manage personal safety</p> <p>7.4.2 Adverse events are recognised, managed appropriately, reported and clearly documented</p> <p>7.4.3 Emergency procedures for the workplace are identified and are able to be carried out as required</p>
7.5 Provide strategies for client self management	<p>7.5.1 Clear instructions and, where appropriate, demonstrations are provided to the client prior to the intervention to ensure understanding of the intervention</p> <p>7.5.2 Regular feedback on performance and progress is provided to the client in terms of the defined goals, incorporating motivation strategies where appropriate</p> <p>7.5.3 A realistic self management program for prevention and management is developed with the client</p> <p>7.5.4 Active client participation in the management strategy is encouraged, using effective motivation techniques</p> <p>7.5.5 Client responsibility for self assessment is encouraged, and appropriate tools, timeframes and outcome measures are identified</p>
7.6 Implement health promotion activities	<p>7.6.1 The need for physiotherapy involvement in prevention and education programs on specific issues is identified and advocated</p> <p>7.6.2 Self management of health and wellbeing is advocated to the client</p> <p>7.6.3 Where appropriate, the client is provided with links to the network of existing health resources</p> <p>7.6.4 Strategies for early identification of disorders or disease and for early intervention for health management are proposed and promoted</p> <p>7.6.5 Contributions are made to the development and implementation of health education and risk reduction programs to meet identified needs within the community where relevant</p>

EXAMPLES OF EVIDENCE STANDARD 7

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 4: Manage adverse events

Demonstrates:

- understanding of the common presentation of conditions that may require emergency intervention
- cardiopulmonary resuscitation procedures for adults, children and infants
- proficiency in workplace emergency procedures.

Element 5: Provide strategies for client self management

Demonstrates:

- principles of self management.

Element 6: Implement health promotion activities

Selects strategies considering:

- existing community providers of health education and health promotion
- strategies for early identification of disorders or disease
- principles of preventive health care, health promotion and ergonomics
- risk avoidance programs relevant to specific groups
- the importance of physical and psychosocial factors on the health and welfare of clients
- indigenous health issues
- differences in the needs of rural and metropolitan communities.

STANDARD 8

Evaluate the effectiveness and efficiency of physiotherapy intervention(s)

This Standard encompasses the requirements for a physiotherapist to establish a rigorous and valid mechanism to identify if expected outcomes are being achieved. This will include:

- monitoring the rate of client progress by measuring and analysing qualitative and quantitative changes at defined intervals, including systematically reviewing client self assessment records
- assessing whether intervention has, or has not, effected change
- applying the following clinical reasoning processes
 - systematic noting of achievements in terms of symptoms, signs, meeting of goals and improvements in impairments, activity limitations and participation restrictions
 - analysing changes resulting from physiotherapy intervention
 - comparing the actual outcome with expected outcome and proposing reasons for differences, including taking into account factors such as medications that might influence client results
 - making defensible judgments on the effectiveness of intervention
- identifying factors that may affect outcomes
- identifying and addressing safety issues in conducting the evaluation
- determining modifications in the intervention based on changes in client status, knowledge, diagnosis or effectiveness of previous interventions
- recognising where further physiotherapy intervention will and will not effect a significant change in clinical presentation or function.

Key issues for the physiotherapist include:

- the collection and accurate analysis of information about the client, the condition and its management to form a judgement about how to proceed. This may include continuing with the intervention, changing the intervention or referring the client to another service provider.

ELEMENT	CRITERIA
8.1 Monitor the outcomes of the intervention	8.1.1 Specific and relevant methods of evaluation are used to assess intervention outcomes 8.1.2 Qualitative and quantitative changes are measured safely and accurately and recorded according to accepted protocols
8.2 Evaluate the outcomes of the intervention	8.2.1 Changes in function, health status, care arrangements and quality of life are evaluated 8.2.2 Factors that may support or limit successful outcomes, or confound evaluation, are identified 8.2.3 The effectiveness of the intervention is determined by relating client outcomes to the intervention 8.2.4 The efficiency of the intervention and of further interventions is determined in consultation with the client in consideration of outcomes from the intervention, and by making comparisons with what is considered best practice
8.3 Determine modifications to the intervention	8.3.1 Modifications are based on outcomes from physiotherapy intervention 8.3.2 Modifications are made to reflect changes in client status, knowledge, diagnosis and relative effectiveness of intervention 8.3.3 Modifications, continuation or cessation of intervention are made in consultation with the client, based on best available evidence 8.3.4 The client is referred to relevant professionals, including other physiotherapists, based on outcomes from physiotherapy intervention

EXAMPLES OF EVIDENCE STANDARD 8

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Monitor the outcomes of the intervention

Ability to apply:

- test instruments and outcome measures that are valid, reliable and appropriate to monitor the intervention
- standardised procedure for documentation of qualitative and quantitative changes in client's presentation
- safety requirements for client and therapist in conducting an evaluation.

Element 2: Evaluate the outcomes of the intervention

Applied knowledge and understanding of:

- scientific arguments and key research findings that are relevant to a range of clinical presentations and their accepted physiotherapy management procedures
- likely outcome and expectations for a range of given interventions including, the circumstances when a physiotherapy intervention will and will not effect any change
- indicators to apply in evaluating the success of an intervention, for example changes in clinical presentation and impairments, activity limitations and participation restrictions and improved quality of life measurements
- verbal or written methods to critique own performance and reflect on outcomes of intervention.

An ability to identify:

- possible reasons for variations between actual and expected outcomes
- factors that might influence client performance and confound the evaluation of intervention.

Element 3: Determine modifications to the intervention

An ability to identify:

- alternative intervention strategies, including the rationale for application
- factors that may enhance or limit achievement of successful outcomes
- possible physical, emotional and financial factors that may affect further physiotherapy intervention
- self help or community activities that may assist the client after intervention has ceased
- when it is not appropriate to continue physiotherapy intervention.

STANDARD 9

Operate effectively across a range of settings

This Standard encompasses the understanding and application of knowledge and skills to ensure the delivery of high quality and safe physiotherapy services in the full range of settings and to the great diversity of clients with whom physiotherapists will be required to work. This includes delivering services that are compatible with current national and international practice. Particular areas covered include:

- working effectively across a range of settings and delivery models
- working effectively in a team
- making the necessary adjustments to maximise the quality of services delivered to all clients
- effective management of time and workload
- undertaking realistic self assessments, recognising own limitations, seeking assistance and making referrals or consulting with others, including seeking supervision, feedback and mentoring support
- adapting to changing situations including different resource levels
- identifying opportunities and ways to improve services provided to clients.

Key issues for the physiotherapist include:

- delivering services within current accepted paradigms of health service delivery in Australia, including providing a primary health care focus to services delivered
- working safely and effectively within the health workplace environment, including providing and seeking supervision, managing workload, working within the defined job role and own capabilities, and contributing to quality improvement processes
- compliance with external requirements, including legislation, health initiatives and priorities
- providing access to high quality services for all clients
- promoting the value of physiotherapy services to clients, other service providers and the community.

ELEMENT	CRITERIA
9.1 Use a model of service delivery relevant to the practice setting	9.1.1 Work complies with the relevant guidelines, legislation, healthcare initiatives and the Australian healthcare system 9.1.2 The needs of different settings are identified and services and models of delivery are adjusted to match those needs 9.1.3 Work complies with accepted standards of safety applicable to the setting and practice area 9.1.4 Current accepted approaches to program evaluation are demonstrated
9.2 Work effectively within a team	9.2.1 Collaborative working arrangements with others are established and practised to provide an effective team-based approach to service delivery 9.2.2 Input is provided to meetings and planning discussions 9.2.3 A holistic approach to client care is promoted 9.2.4 Support and respect for colleagues and other professionals is provided 9.2.5 Advocacy is provided for the client, community and physiotherapy profession 9.2.6 The physiotherapy perspective is provided in inter-professional teams, to the client's benefit 9.2.7 Risk reduction strategies are promoted to increase awareness amongst health professionals, communities and clients
9.3 Manage own work schedule to maximise safety, efficiency and effectiveness	9.3.1 Time management strategies are implemented to manage workload 9.3.2 Strategies are implemented to minimise the risks of work related injury or harm to self or others 9.3.3 Strategies are implemented to effectively accommodate change 9.3.4 Strategies are implemented to optimise own health and safety

EXAMPLES OF EVIDENCE STANDARD 9

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 1: Use a model of service delivery relevant to the practice setting

Applied knowledge and understanding of:

- the range of services available to meet client needs.

Demonstrates application of:

- relevant and current guidelines and legislation that will impact on services provided by physiotherapists
- Australian and international health initiatives and priorities
- the way in which service delivery will be affected by factors such as
 - metropolitan, rural and remote settings
 - working with individuals and with groups in the community
 - working in isolation and as a member of team
 - working in small, medium and large hospital and other institutional settings
 - working in private practice and in community health
 - working with clients with differing profiles
 - working with Indigenous communities
 - working within a socio-educational, family centred or client centred approach
- relevant health funding arrangements and the impact on physiotherapy.

Element 2: Work effectively within a team

Applied knowledge and understanding of:

- different service providers and their roles, and how the physiotherapist works with them to address client needs
- the physiotherapy role within areas of developing specialties.

Demonstrates knowledge of:

- advocacy processes
- processes for working effectively within interprofessional teams.

Element 3: Manage own work schedule to maximise safety, efficiency and effectiveness

Demonstrates knowledge of:

- workload control strategies, including effective time management techniques
- strategies to identify and control risks of workplace injury
- policies and defined safe practices as they apply to physiotherapy services, including standard precautions for infection control and manual handling.

This Standard is continued overleaf

ELEMENT	CRITERIA
<p>9.4 Operate within own role and according to responsibilities</p>	<p>9.4.1 Information about employment conditions is accessed and discussed with colleagues and supervisor to ensure compliance with legislation, registration requirements and other employment arrangements</p> <p>9.4.2 Mentoring and other forms of supervision are accessed</p> <p>9.4.3 Where required, tasks are delegated to personnel who can assume responsibility for designated work</p> <p>9.4.4 Where tasks are delegated, arrangements and supervision are implemented to ensure services are delivered safely and to the required standard</p> <p>9.4.5 Effective supervision is provided for assistants and other support staff</p> <p>9.4.6 Referrals are made to physiotherapists with specialised skills and to other service providers as required</p>
<p>9.5 Participate in quality improvement processes</p>	<p>9.5.1 Opportunities to improve services are identified, recorded, reported and acted upon to achieve improvements</p> <p>9.5.2 The need for improved resources to improve service delivery is identified and advocated</p> <p>9.5.3 Basic statistical information is collected and provided to assist in service planning and validation</p>

EXAMPLES OF EVIDENCE STANDARD 9

The following are examples of knowledge, understanding, behaviours and abilities that would assist in demonstrating achievement of the Standard. These examples are provided as a guide only and are not intended to be an inclusive or exclusive checklist.

Element 4: Operate within own role and according to responsibilities

Applied knowledge and understanding of:

- scope of the physiotherapist's role
- duty of care responsibilities, including appropriate level of supervision of assistants and students
- referral procedures.

Element 5: Participate in quality improvement processes

Demonstrates knowledge of:

- features of high quality physiotherapy services.

Applied knowledge and understanding of:

- quality improvement processes relevant to physiotherapy including evidence-based practice.



PART THREE EVIDENCE TO DEMONSTRATE ACHIEVEMENT OF THE STANDARDS

1.0 Introduction

This section of the Standards is intended to outline the fundamental principles of assessment and provide an overview of contemporary methods to evaluate achievement of the Standards. The content of this section is particularly relevant to:

- university staff who develop curricula to meet requirements for accreditation of entry level physiotherapy education programs in accordance with the Australian Physiotherapy Council Requirements for Accreditation
- members of Accreditation Committees and Site Teams who evaluate entry level physiotherapy education programs in accordance with the Australian Physiotherapy Council Accreditation Process
- Australian Physiotherapy Council Assessors, Coordinators and Examiners who assess the qualifications and skills of overseas qualified physiotherapists seeking registration in Australia
- the Physiotherapists Registration Boards in all States and Territories who may use the Standards as part of the evaluation of performance of physiotherapists in a variety of circumstances.

The Standards guide the learning outcomes required for completion of an entry level physiotherapy program and subsequent registration. In the context of curriculum development, this section recognises that universities will design and develop their own curricula that incorporate the Standards and, as such, each program will have its own emphasis and methods of demonstrating achievement of the Standards.

In the context of the assessment of overseas qualified physiotherapists, the process should reflect the principles outlined in this section of the Standards. The evaluation of the overseas qualified physiotherapist must be comprehensive but not as extensive as the assessment included within the curricula of entry level physiotherapy programs in Australia. The fundamental requirements are:

- (i) the overseas qualified physiotherapist's initial physiotherapy qualification includes curriculum, learning outcomes, teaching and learning activities and respective assessments that reflect the Australian Standards for Physiotherapy
- (ii) the overseas qualified physiotherapist can demonstrate safe and effective clinical performance in the context of physiotherapy practice in Australia.

Physiotherapy graduate attributes described in Part One of the Standards, which overlap with broad generic skills defined by universities as graduate attributes, must be clearly demonstrated and formally assessed in a physiotherapy context.

Although the specific methods used to measure achievement of the Standards will vary according to the context in which the Standards are being applied, there are fundamental principles underpinning the demonstration of achievement of the Standards that are common to the various contexts.

This section is intended to provide an overview of assessment of the Standards. Readers should refer to relevant and contemporary texts and references for specific information.

2.0 Overview of Assessment

Assessment is a powerful driver of learner behaviour and achievement. Therefore it is important that assessment approaches are designed and used to reflect and facilitate achievement of learning outcomes.

The fundamental principles of assessment are that it:

- guides and encourages effective learning
- validly and reliably measures learning outcomes
- defines and protects desired standards.

Consideration should be given to assessment that is practicable, comprehensive and equitable.

A variety of methods of assessment is desirable and those used should reflect the outcomes being evaluated. In selecting an assessment method, the following issues need to be addressed:

- What type and amount of evidence should be collected to allow an evaluation of the Standards?
- What methods/tasks will guide and encourage effective approaches to learning?
- What methods of assessment will be appropriate for the collection of the different types of evidence required?
- What is the validity of both the evidence collected and the assessment methods used?
- How reliable is the assessment process?
- To what extent is the grading based on clearly articulated learning outcomes and criteria for levels of achievement?
- Is the assessment method contemporary and evidence based?
- What is the weighting of different types of evidence and of different methods of assessment used?
- How can performance against the Standards be assessed in a comprehensive and integrated manner?

(James, McInnis and Devlin, 2002)

Many of the Standards are integrated in practice, and it would be inappropriate to regard individual Standards as being separate from the whole. While some Standards may well be assessed relatively simply, others involve physiotherapist-client interaction and need evaluation in a realistic workplace environment, in which the physiotherapist's holistic approach is reflected in the ability to solve a real life problem. As far as possible, evaluation needs to be holistic and reflect the integration of a range of Standards. The selected methods of assessment will simultaneously address a number of elements and their respective criteria.

Whilst almost all of the Standards could be assessed by workplace observation, the emphasis should be on assessing the extent to which the Standards are met in an integrated fashion.

2.1 Assessment Principles

2.1.1 Validity and reliability

Assessment of the Standards should be both valid and reliable. Evidence of the validity of an assessment method and the extent to which it actually assesses the learning outcomes/standards it is designed to assess must be considered. In terms of content validity, it may be suggested that the most valid, and often only, acceptable form of assessment to collect evidence of integration of the Standards will be workplace observation over a period of time.

Assessment methods should be subjected to evaluation of intra-rater and inter-rater reliability, and moderation (including external moderation where appropriate) to improve reliability and validity.

Facets of reliability consider the:

- basic rationale (can the knowledge and skills be translated into a measurement?)
- procedures for data collection (the assessment tool, its administration and measurement)
- statistical procedures that follow (what is subsequently done with the results?).

2.1.2 Formative and summative assessment

Although assessment tasks may be identified as formative or summative, the two concepts are not mutually exclusive. Formative assessment tasks are intended to improve performance through the provision of feedback and subsequent learning. Formative tasks may be repeated, whereas summative assessment tasks quantify performance as a discrete score and there is no opportunity for the individual to repeat or improve their score on the assessment task.

Assessment tasks should be weighted to balance the developmental (formative) and judgmental (summative) roles of assessment, and include early, low stakes, low weight assessment to provide feedback (James, McInnis and Devlin, 2002). Summative assessment should provide information on the extent to which the Standards have been achieved.

2.1.3 Relationship between program outcomes and assessment

Assessment tasks should measure the extent to which the unit/course learning outcomes and the Standards have been achieved. Given the central role of assessment in driving learning, assessment approaches should be learner centred and provide evidence of incremental development of the Standards over time.

2.1.4 Inclusivity and equity

Assessment practices should demonstrate principles of inclusivity and equity. Both individual and group diversity should be considered. A variety of different assessment approaches should be used to minimise disadvantage to any individual or group. Reasonable adjustment of the assessment process to consider special characteristics of candidates may be undertaken whilst still ensuring validity and reliability of assessment methods.

2.1.5 Comprehensive sampling

For the appraisal of performance of a person approaching entry level status, it is essential that the assessment of performance be extensive so that the defined Standard may be demonstrated in all key areas of professional practice and across all contexts described in Part One. It is understood that such an evaluation would occur over a period of time, to allow for the adequate assessment of all elements of the Standards.

In view of the wide range of areas of physiotherapy practice, many possibilities exist for appraisal of the Standards. Some means of ensuring a balanced, comprehensive, practicable and equitable appraisal system is necessary. Attention should be given not only to the range of areas of practice and client categories defined in Part One of this document, but also to the assessment of each Standard within an integrated whole. The level of performance necessary to apply preventative, maintenance or restorative programs to clients in all categories demands that a wide ranging appraisal be made.

2.2 Methods of Assessment

A range of methods of assessment is available for assessing the ASP. The methods should cover the assessment of knowledge and understanding, professional behaviour and clinical practice.

The method of assessment used should be appropriate to the area of the curriculum being assessed, match the teaching and learning strategy and ensure evaluation of the learning outcomes occurs. A clear definition of the purpose and focus of the assessment should drive the selection of appropriate methods and sampling of activity. The following list illustrates a variety of methods that may be used.

- written documentation, assignment, essay or examination
- technology based assessment
- practical demonstration
- oral appraisal
- workplace observation – direct and over time.

2.2.1 Written responses

Written responses are useful for assessing factual knowledge, interpretation and synthesis and problem solving. This method of assessment may include:

- multiple choice questions
- short answer questions
- quizzes
- longer written responses, such as essays, theses, project dissertations and reports, laboratory reports
- problem solving and practice focused assignments
- reflective journals
- reviews
- examinations (short and long, prepared, open book)
- bibliographies
- poster presentations.

2.2.2 Technology based assessment

Interactive computer based questioning and computer based clinical problem solving can also be used to evaluate integration of knowledge and decision making abilities. This method of assessment may include:

- patient or skill simulation using technology
- on-line quizzes
- multimedia for clinical reasoning scenarios
- use of electronic data recording systems
- on-line discussion groups
- web casts
- development of web-based materials.

2.2.3 Practical demonstration

Practical performance assessments of technical ability can be effective tools to assess technical and psychomotor skills. Such forms of assessment also address knowledge and understanding, evaluation, communication and professional behaviour.

Examples of practical assessments may include:

- practical tests
- Objective Structured Clinical Examination (OSCE)
- simulated skills or simulated patients
- role play/performance.

2.2.4 Oral appraisal

Oral assessment is useful in assessing knowledge and understanding, particularly in the workplace. In this setting it assesses the recognition of the influence of associated factors on client performance, ability to analyse and interpret findings in terms of a diagnosis, and elucidates the candidate's reasons for their plans and actions and their effectiveness in evaluating results. Oral assessments offer the additional opportunity to evaluate interpersonal and communication skills and the ability to respond quickly to the unexpected.

Examples of oral assessment activities may include:

- oral presentation
- viva voce
- group discussion
- problem solving discussion
- case study presentation
- role plays/performance.

2.2.5 Documentary evidence

This form of assessment relates primarily to the workplace setting and offers evidence relevant not only to the physiotherapist's documentation according to medicolegal and local requirements, but also to elements such as management of priorities, the monitoring of client progress and communication processes. Documentary evidence may also provide written evidence of the clinical reasoning process and make reference to published research material.

Documentary evidence may include:

- client records
- referral letters
- discharge summaries
- workplace reports, for example worksite assessments, program data and outcomes
- portfolios of material demonstrating achievement of the Standards, which may include case studies, evidence of reflective practice, summaries of readings/research and their application to clinical practice, continuing professional development activities, and how knowledge and skills have been used to further learning (that is, life-long learning).

2.2.6 Workplace observation

For the assessment of many types of competence, direct workplace observation is often the most authentic form and is a robust method of collecting evidence of the integration of related Standards. It is also in this context that the ability to adapt an approach according to a client's associated problems and circumstances can be appraised. The assessment of generic skills, such as communication skills, use of technology and evidence-based practice, can be acquired through activity based experiences. Some Standards can only be evaluated successfully by workplace observation over an extended period of time to demonstrate management of clients with increasing complexity, in a variety of workplace environments. These may include:

- managing uncertainty and change
- time management and workload planning
- safe work practices including risk assessment
- adherence to local standards and protocols
- identifying individual learning needs
- team working and leadership skills
- communication skills
- performing an effective assessment and intervention in a timely manner.

Records of workplace observation

As adequate clinical experience is the preferred method for achieving competence, assessment of the Standards in the workplace should form a significant component of summative assessment. This should include appraisal of management of clients:

- with acute or sub-acute and chronic conditions within each of the areas of cardiorespiratory, musculoskeletal and neurological physiotherapy
- in terms of maintenance and restoration of function and prevention of dysfunction or disability
- with a variety of associated co-morbidities that increase complexity of assessment and management
- of both genders and across the lifespan
- as individuals and groups or populations.

One method that may be used to provide evidence of management of clients across the broad spectrum of settings is a clinical log, provided the content is a valid reflection of the clinical experience. The clinical log should:

- be a form of summative assessment reflecting achievement of the Standards through appropriate clinical experience
- allow for assessment of progressive development of key Standards
- have the capacity to reflect learning over a period of time
- demonstrate adequate coverage of the Standards across a broad spectrum of clients and workplace settings
- demonstrate adequate breadth of skills, but not necessarily depth, in all areas
- provide evidence of assessment within the clinical setting
- reflect achievement of the Standards at an entry level.

Some Standards will require more frequent evaluation than others. Assessors need to ensure that sufficient evaluation across a suitable representation of situations has occurred before making a statement about overall competence. For example, there is a need for multiple evaluations of a candidate's competence in standards related to professional behaviour, communication, assessment, interpreting and analysing information, planning and management.

Workplace observation and the primacy of a comprehensive physiotherapy clinical education program

Within the context of entry level physiotherapy education, students must have access to a comprehensive clinical education experience that provides adequate breadth and depth across a range of settings.

The demonstration of such adequacy of breadth and depth of supervised clinical practice is critical if institutions seeking Australian Physiotherapy Council accreditation of an entry level program are to successfully demonstrate that graduates will meet the Standards in all key areas of physiotherapy, across all ages, and from acute to community contexts.

Demonstration of adequacy of breadth and depth of supervised clinical practice also forms a key element of the assessment of the qualifications and skills of overseas qualified physiotherapists seeking professional recognition in Australia through the Australian Physiotherapy Council.

3.0 Methods of Assessment Mapped to the Standards

A variety of contemporary methods of assessment that may be used to evaluate each element listed in the Standards is summarised in Table 1. A range of methods should be considered in assessing all of the elements. Please note that their relative weighting and usefulness may vary.

Table 1 Methods of assessment for each Element of the Standards

ELEMENTS	METHODS OF ASSESSMENT					
	Written responses	Technology-based	Practical demonstration	Oral appraisal	Documentary evidence	Workplace observation
1.1 Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirements	•	•	•		•	•
1.2 Demonstrate strategies to maintain and extend professional competence	•	•	•		•	•
1.3 Operate within individual and professional strengths and limitations	•		•	•	•	•
2.1 Communicate effectively with the client	•	•	•	•	•	•
2.2 Adapt communication style recognising cultural safety, and cultural and linguistic diversity	•	•	•	•	•	•
2.3 Communicate effectively with other service providers	•	•		•	•	•
2.4 Prepare and deliver presentations to groups	•	•	•	•	•	•
2.5 Prepare and provide documentation according to legal requirements and accepted procedures and standards	•	•	•		•	•
3.1 Demonstrate a working knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice	•	•	•	•	•	•
3.2 Apply contemporary forms of information management to relevant areas of practice		•	•		•	•
3.3 Apply an evidence-based approach to own practice	•	•			•	•
3.4 Acquire and apply new knowledge to continuously improve own practice	•	•	•	•	•	•
4.1 Collect client information	•			•	•	•
4.2 Form a preliminary hypothesis	•			•	•	•
4.3 Design and conduct an assessment	•		•		•	•
4.4 Conduct assessment safely			•		•	•
5.1 Compare findings with 'normal'		•	•		•	•
5.2 Compare findings with what is expected for the condition, and include or exclude alternative diagnoses		•	•	•		•
5.3 Prioritise client needs	•	•		•	•	•
5.4 Re-evaluate as required, to develop a justifiable and sustainable hypothesis	•	•		•	•	•
5.5 Identify areas that are outside skills and expertise and refer client appropriately	•	•	•	•	•	•
6.1 Develop rationale for physiotherapy intervention	•	•	•	•	•	•
6.2 Set realistic short and long term goals with the client	•	•	•	•	•	•
6.3 Select appropriate intervention	•	•	•	•	•	•
6.4 Plan for possible contingencies that may affect intervention plan	•	•	•	•	•	•
6.5 Prioritise intervention plan in collaboration with the client	•		•	•	•	•
6.6 Determine plan of evaluation that uses valid and reliable outcome measures	•	•		•	•	•

ELEMENTS	METHODS OF ASSESSMENT					
	Written responses	Technology-based	Practical demonstration	Oral appraisal	Documentary evidence	Workplace observation
7.1 Obtain informed consent for the intervention	•		•	•	•	•
7.2 Prepare equipment and treatment area appropriate to the intervention			•		•	•
7.3 Implement intervention safely and effectively			•		•	•
7.4 Manage adverse events	•		•	•	•	•
7.5 Provide strategies for client self management	•	•	•	•	•	•
7.6 Implement health promotion activities	•	•	•	•	•	•
8.1 Monitor the outcomes of the intervention			•		•	•
8.2 Evaluate the outcomes of the intervention	•	•	•	•	•	•
8.3 Determine modifications to the intervention	•	•		•	•	•
9.1 Use a model of service delivery relevant to the practice setting	•			•	•	•
9.2 Work effectively within a team	•			•	•	•
9.3 Manage own work schedule to maximise safety, efficiency and effectiveness	•		•	•	•	•
9.4 Operate within own role and according to responsibilities	•		•	•	•	•
9.5 Participate in quality improvement processes	•			•	•	•

Glossary

The terms listed in the left hand column below are used in this document and are assumed to have the meaning that is ascribed to them in the right hand column.

TERM	DESCRIPTION
Basic research methodology	Basic research methodology as it applies to entry level physiotherapists will include: <ul style="list-style-type: none"> - identifying methodologies and accessing information relevant to the work area - analysing relevant research to identify ways to improve or enhance own practice.
Client	Within the context of physiotherapy practice, the client may be: <ul style="list-style-type: none"> - an individual provided with physiotherapy services - carers, family and other support people of the individual to whom the services are provided - groups (such as people with like conditions, community organisations, sporting clubs, school groups) - communities - organisations and individual workplaces.
Clinical reasoning	Clinical reasoning processes include but are not limited to: <ul style="list-style-type: none"> - asking relevant questions in logical sequence - making rational decisions based on findings and evidence base - developing justifiable and sustainable hypotheses - choosing an appropriate intervention - identifying relationships of findings and pathological processes - interpreting findings at each stage to progressively negate or reinforce hypotheses - comparing actual findings with expected findings - correlating results with supplementary information to reach justifiable decisions.
Co-morbidity	Some clients will have two or more diseases or health conditions that are physical and/or psychological in nature. Concurrent co-morbidity exists when two or more disorders are present simultaneously, and successive co-morbidity is when the disorders occur at different points in time.
Continuing professional development	Continuing professional development (CPD) is fundamental to high quality physiotherapy practice. It is a process by which physiotherapists maintain, enhance and extend their knowledge, expertise and competence throughout their careers. It is an element of lifelong learning.
Cultural diversity	In all cultures, there is a vast diversity in the population. Cultural diversity includes sub cultures and differences such as those between rural and urban populations, and among different classes, genders, ability groups and generations. Although the sociocultural context and upbringing clearly influences members of the population, people within a population are not culturally identical. The ability of an individual to respond to changing circumstances will also influence their cultural make-up. Ultimately, each individual has a unique culture and should be consulted about the cultural appropriateness of any services they receive (Northern Territory Department of Health and Community Services, 2005).
Cultural safety	Cultural safety is an environment that is spiritually, socially and emotionally as well as physically safe, for people; where there is no assault, challenge or denial of their identity, of who they are and what they need (Williams, 2004).
Effectiveness	Effectiveness is concerned with the outcomes or extent to which the intervention/management achieves the desired outcomes or goals.

TERM	DESCRIPTION
Efficiency	Efficiency is concerned with the level of input required to produce a desired outcome. In physiotherapy, efficiency is often used to describe the resources required (cost) to produce a desired outcome (effect).
Evidence-based practice	Evidence-based practice is the integration of individual clinical expertise with the best available external clinical evidence and client values. The best available external evidence is not restricted to randomised controlled trials and meta-analyses (Australian Physiotherapy Association, 2005). Activities that support and promote evidence-based practice include: <ul style="list-style-type: none"> - engaging in discussion of issues relevant to evidence-based practice - critically evaluating practice that has insufficient supporting evidence - participating in and undertaking research - collecting and recording client data - cooperating with others who are undertaking clinical research programs - volunteering assistance to others in their research endeavours - quality improvement activities.
Medicolegal environment	The medicolegal environment in which physiotherapy is practised includes the relevant State or Territory Physiotherapy Act or equivalent legislation, State, Territory & Commonwealth legislative and common law requirements in relation to issues including: <ul style="list-style-type: none"> - fraud - rights of consumers - duty of care - mandatory reporting - privacy of information - use of client information including the need to have informed consent - current legislation relating to equity and equality - current disability legislation - scope of practice of physiotherapy
Occupational health and safety	Occupational health and safety includes ensuring that the environment in which physiotherapy services are provided is safe and does not present risks to the health and safety of the practitioner, other workers, clients and visitors.
Other service providers	Other service providers may include: <ul style="list-style-type: none"> - other physiotherapists - other health professionals - support staff including therapy assistants - teachers - social trainers - carers.
Population	A population may be a group of people defined by a particular disease/condition, or within a specific location.
Records	Records should contain sufficient documentary evidence to warrant the consultation and any subsequent intervention and be recorded in a format appropriate to the nature of the consultation and in accordance with the requirements of relevant legislation. Records should contain sufficient information to allow a similar health professional to continue the management of the client.
Reflective practice	Reflective practice is an intentional and skilled activity in which a person analyses and describes his or her thoughts, actions, feelings, and behaviours and makes judgements about their effectiveness. It requires a conscious attempt to reflect on the process and outcomes of the situation with the aim of producing an improvement in practice. There is no single correct way to engage in reflective practice, and tools such as portfolios may be used to encourage or enhance reflective practice.

TERM	DESCRIPTION
Safe work practices	<p>Safe work practices, applicable to the delivery of physiotherapy services are those that relate to:</p> <ul style="list-style-type: none">- infection control procedures- checking equipment for safety- client transfer and handling- incorporating specific tasks to ensure safety- safe positioning of the client and self- modifying intervention in the presence of pathology and risk factors- undertaking appropriate skin sensitivity tests before application of electrotherapeutic modalities.

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