



NSW Physiotherapists Registration Board

Newsletter
Issue No. 36
September 2008

IAN COLLIER MEMORIAL SCHOLARSHIP

The Board is calling for applications for the 2008 Ian Collier Memorial Scholarship. The Scholarship is open to physiotherapists currently registered in NSW who have worked in NSW for a minimum of two years full time practice or equivalent within the last five years.

The objective of the Scholarship is to encourage research that addresses public safety.

Scholarship Categories:

1. Assistance to publish clinical research activity.
2. Study project in the field of physiotherapy.
3. Distance learning program for non-metropolitan physiotherapists.

Funding:

A maximum of \$10,000 is available annually. Scholarships of up to \$10,000 may be awarded to a single applicant, or more than one scholarship may be awarded with a maximum of \$10,000 divided amongst successful applicants. Funding may be granted for a project that extends beyond a 12 month period.

The closing date for receipt of applications is 17 October 2008. The award of the scholarship will be made in October. Applications, enquiries and requests for an information package can be directed to:

The Registrar
NSW Physiotherapists Registration Board
PO Box K599, Haymarket NSW 1238

Telephone: (02) 9219 0255
Fax: (02) 9211 9318

PROFESSIONAL INDEMNITY INSURANCE

The Health Care Liability Act 2001 requires physiotherapists to be covered by professional indemnity insurance unless exempt under the Health Care Liability Regulation 2007. Further information on exemptions can be obtained from the Physiotherapists Registration Board's website www.physioreg.health.nsw.gov.au

Failure to comply with the Act shall be regarded as unsatisfactory professional conduct under the Physiotherapists Act 2001 and may lead to the registration of a physiotherapist being suspended or cancelled in NSW.

Physiotherapists are reminded that they must inform the Board when they change or

discontinue their professional indemnity insurance arrangements.

EMPLOYMENT OF PHYSIOTHERAPY STUDENTS

It has come to the Board's attention that some physiotherapy students who have completed their qualification but had not yet registered were being employed as physiotherapy assistants and requested to practise as physiotherapists. Some of these physiotherapy assistants were also being left unsupported/unsupervised at the practice. The Board reminds physiotherapists that this is in breach of section 7 of the Physiotherapists Act 2001, which makes it an offence for a person who is not a registered physiotherapist to indicate that the person practises physiotherapy or is qualified to practise physiotherapy. In this situation both employer and employee would be breaching the Act.

PROFESSIONAL DEVELOPMENT (PD) ANALYSIS 2007

The Board analysed a random sample of 598 registration renewal forms listing professional development activities attended by physiotherapists in 2007.

The sample of physiotherapists comprised:

- 86.5% currently working in physiotherapy.
- 3.1% working but not in physiotherapy.
- 10.4% not currently working.

Of the 92% of physiotherapists who were registered solely in NSW, 89% were currently living in NSW.

Of those living in NSW:

- 51% resided in the Sydney metropolitan area.
- 8.2% resided in Newcastle.
- 1.8% resided in Wollongong.
- 16.4% resided in rural areas.

The analysis also included a review of PD in 2006 and data from the NSW Physiotherapists Labour Force Annual Survey.

The key findings of the analysis were as follows:

- In 2007 89.1% of physiotherapists indicated they had engaged in some form of PD during the previous 12 months. This is an increase from 75% in 2005 and 86% in 2006.
- Of the group currently working in physiotherapy, 95.9% participated in some PD. In the group not working in physiotherapy only 51.8% had participated in some PD.
- For the group currently working in physiotherapy, comparisons were made between those who had participated in PD and those who had not. The latter constituted 4.1% and they:
 - worked slightly fewer hours on average, but the difference was not significant.
 - were not more or less likely to belong to a professional association.
 - had slightly lower physiotherapy qualifications, but the differences were not significant.
 - were not more or less likely to live in rural areas.

The Board is concerned about both working and non working physiotherapists who do not participate in PD. However it has particular concerns where physiotherapists are not working for protracted periods and also not participating in PD. This raises potential problems regarding the currency

of their professional skills should they return to practice.

A similar number of PD activities were reported but there was an increase in the hours spent on these activities in 2007 compared to previous years.

- As in other years, there were large differences in the amount of time individuals spent undertaking PD, ranging from 1.5 hours to 1,528 hours for the year. The average time for 2007 was 101.3hours (SD=152.79).
- The majority (65%) of those who participated in a high amount of PD in 2006 also participated in a high amount in 2007.
- Also for those who participated in a low amount of PD in 2006 there was an increase in PD hours in 2007 with the majority (79%) of that group attending a moderate or high amount in 2007.
- There appears to be a significant increase in the variety of PD undertaken at an individual level with fewer attending only one or two different types of events. Those who only engaged in just one type of activity mostly undertook reading (59%), in-service (13%) or a course (13%).
- Those with higher qualifications, such as researchers, and physiotherapists in public hospitals engaged in a slightly greater variety of PD than others, however there was no difference in variety of activities between those living in rural and city areas.
- Linkage with the labour force data suggested that the type of PD and hours spent in PD was dependent in part on where the physiotherapist lived and worked:
 - Rural physiotherapists attended less in-service sessions but were more likely to use videos for their PD.

- Those in private hospitals or medical rooms had less variety in their PD activities.
- Researchers undertook significantly more PD than others.

There has been overall improvement in the participation of PD over the past few years. In the current climate, consumers are expecting a consistently high standard of care and professionalism. The Board continues to monitor PD activities and advises physiotherapists to maintain an active and relevant personal program.

OPEN DISCLOSURE STANDARD

Following an inquiry into the Campbelltown and Camden Hospitals patient care issues, the NSW Legislative Council General Purpose Standing Committee No.2 handed down a number of recommendations in relation to patient safety and clinical quality. The Committee highlighted the importance of ensuring all health professionals have competence in quality and safety domains, including an understanding of the Open Disclosure Standard, developed in 2003 by the Australian Council for Safety and Quality in Health Care.

NSW Health has implemented its mandatory Open Disclosure Policy and the Open Disclosure Guidelines across NSW public health facilities

Open Disclosure is a frank discussion with a patient and their support person about a patient related incident that may have resulted in harm or injury to the patient. NSW Health wants to ensure that if an incident occurs, patients receive an apology and explanation and are treated with empathy, honesty and transparency in a timely manner. It also recognises that staff

need to be supported through such incidents and is committed to providing the right environment, resources and culture to guide staff. Open Disclosure is the right thing to do, and NSW Health wants to ensure that it is routinely practised by all staff, thereby strengthening the relationship and confidence between the patient and staff involved in their care.

Education in both High Level and General Level Open Disclosure is available free of charge through a range of workshops and e-learning modules. The Quality & Safety website provides a range of resources for training in Open Disclosure, including presentations which can be delivered to staff, both on the frontline and in corporate services. Education resources are available for 10 minute and 45 minute presentations, with all materials provided, including Power Point presentations and facilitators' manuals. These resources can be accessed from:

<http://www.health.nsw.gov.au/quality/opendisc/training.html>

Staff working in NSW Health public health organisations can also access the Online Learning Centre from the above site, for one-on-one, interactive training. The modules are self-paced for frontline staff, clinical managers, and corporate services staff and include a quiz and evaluation at the end. NSW Health is also encouraging professional colleges and associations to provide continuing professional development credits for those who participate in Open Disclosure education. More information on Open Disclosure can be found at the website, or by emailing quality@doh.health.nsw.gov.au.

The Board encourages all physiotherapists to participate in the available workshops

and e-learning modules. Education on this topic will assist physiotherapists with patient safety, quality and complaints handling.

STATISTICS

As at 28 August 2008 a total of 6857 physiotherapists were registered in NSW. There have been 386 new registrations since 1 January 2008.

212	NSW graduates
44	Interstate graduates
79	Mutual Recognition
36	Trans Tasman Mutual Recognition
15	Overseas graduates

Physiotherapists Regulation 2008

This new Regulation replaces the NSW *Physiotherapists Regulation 2002*, which is repealed on 1 September 2008. The object of the Regulation is to remake, with some amendments, the provisions of the previous Regulation.

All physiotherapists are requested to obtain a copy, which is available in addition to copies of the NSW Physiotherapists Act 2001 from the following:

1. *SALMAT, Level 3, McKell Building, 2-24 Rawson Place, Sydney NSW 2000.*
Tel: 1300 656 986
Fax: (02) 9372 8993 or
2. On line at www.legislation.nsw.gov.au

Visit the NSW Physiotherapists Registration Board website:
www.physioreg.health.nsw.gov.au

NSW PHYSIOTHERAPISTS REGISTRATION BOARD COMPLAINTS MATTERS

In the past year the Board has considered a number of complaints against physiotherapists, which have raised various important professional issues. Communication has again been a significant problem. The following 3 scenarios highlight some of the implications.

Scenario 1

A patient was referred for management of De Quervain Tendonitis in her left wrist. The complainant alleged professional misconduct in that the physiotherapist had failed to provide adequate draping on at least 2 occasions, causing her distress. The physiotherapist had provided treatment for the lower back and gluteal region when the complainant had presented with a provisional diagnosis of De Quervain Tendonitis of her left wrist. Although the patient reported that the physiotherapist's behaviour did not appear to be of a sexual intent, the patient was distressed by the level of exposure during treatment and was concerned about the necessity of the treatment in light of the diagnosis. In addition the patient reported being startled and feeling uncomfortable with the application of TENS.

The physiotherapist's assessment indicated there were potentially contributing factors from the shoulder and neck and found the presentation of the patient more complex than a tendonitis localised to the wrist. The plan was to initially treat the local area of inflammation and then gradually extend assessment and management of associated areas for more "global management" of the presenting problem.

Lessons to be learned:

- Patients attending treatment for one part of the body may well have pathology elsewhere. If so it could be an associated pre-disposing or related factor which may or may not be responsive to physiotherapy. A link to the presenting problem alone is not justification for continued assessment and treatment without informed consent. In addition, payment for treatment of unrelated pathology may not be considered justified by third party payment bodies, such as workers compensation authorities.
- Sound clinical reasoning must be applied to justify treatment of a potential source of referred pain or other symptoms to the presenting problem area. If a potential source of referred pain/symptoms is treated, evaluation of presenting symptoms should be undertaken immediately after treatment of this area. The management plan has to be explained to the patient, providing clear direct information regarding the nature of treatment. Consent has to be obtained and documented. Assessments and treatment must also be well documented.
- Adequate and appropriate draping of exposed body parts is of utmost importance; this includes having curtains/screens around the cubicle. Physiotherapists have to be sensitive and respect patients' modesty and privacy and draping has to be done automatically, not just "when asked" to.
- Explanations and warnings must be given prior to administering electrotherapy and patients should be advised to report any discomfort experienced during treatment.

- All records must be legible, thorough and include home treatment or advice and follow-up contacts where appropriate.

Scenario 2

A patient presented to physiotherapy 2 weeks after a total knee replacement. At the end of the 3rd session while attempting to get off a trestle table after treatment, the table tipped partially and the patient fell to the ground hurting the coccyx area. Prior to this, the physiotherapist had not given any explicit instructions about getting off the plinth and was putting away equipment on the other side of the room at the time of the incident. The patient reported having to lie down for about 3 to 5 minutes before being able to move. The physiotherapist assisted the patient up and onto a chair then informed the patient's spouse who was waiting outside. The patient had an appointment for the following week but was offered an earlier appointment the following day. The patient declined the offer and left the practice. There was no further direct contact between the parties.

The patient's complaint alleged unsatisfactory professional conduct in that the physiotherapist failed to prevent the patient from falling and that an unprofessional attitude has been demonstrated after the event. The patient expressed concern about the suitability of the lightweight plinth. The patient also reported jarring to the whole body and a week of severe pain and trauma, which prevented performance of a daily exercise routine.

Lessons to be learned:

- The Board cautions physiotherapists about the inherent instability of lighter weight plinths.
- Particular care, instructions and close supervision must be given to patients

who are less agile post operatively, or due to disease or injury, and also those who may be mentally less alert or cognitively impaired.

- If an incident occurs, immediate first aid or appropriate treatment/action must be initiated and follow-up arrangements made. This must be documented.
- Where the patient does not present for follow-up or subsequent appointments after an adverse event, contact should be made with the patient as part of the duty of care.
- Physiotherapists should refer to the Board's 'Frontline Complaints Handling' brochure for guidance in the handling of complaints.

Scenario 3

A 2 year old child had surgery to correct a left 5th toe deformity with insertion of a pin. Post-operatively the parents noted some movement in the pin, it had protruded 1 to 2 cm from the toe. The surgeon indicated that it is common for pins to work themselves out slightly and requested a plaster cast to protect the toe and help prevent /delay further pin protrusion.

This was explained to the treating physiotherapist and, prior to casting, the physiotherapist gave a full explanation of the procedure to the parents. The cast liner was applied and then adjusted and in this process the pin slipped out completely. The child had the pin re-inserted surgically.

Lessons to be learned:

- Physiotherapists have to be competent in the application and removal of casts and to exercise caution at all times. In the instance where there is a protruding pin, the use of a tubular bandage applicator during application of the liner may prevent the pin from getting caught in the material and pulled out.