



Council of New South Wales

Position Statement for Physiotherapists working with Therapy Assistants

Introduction

The Physiotherapy Council of New South Wales (the Council) is responsible for the management of complaints about the conduct, professional performance, health and competence (fitness to practice) of any physiotherapist practising, or student studying in an approved program leading to registration in NSW.

The Council is established by and functions in accordance with the *Health Practitioner Regulation National Law (NSW)* (the National Law). Council members are appointed by the Governor on the recommendation of the NSW Health Minister and their work is supported by the Health Professional Councils Authority (HPCA). The paramount consideration of the Council is the protection of the health and safety of the public.

The information contained in this statement represents the views of the Physiotherapy Council of NSW on this subject and this document is not intended to be, and cannot be construed as a legally enforceable code or guideline. Only a code or guideline approved by the Physiotherapy Board of Australia can be used as evidence of what constitutes appropriate professional conduct or practice for physiotherapists.

1.0 PURPOSE

The purpose of this position statement is to alert physiotherapists in private and community practice as to their professional and legal responsibilities with regards to managing and supervising therapy assistants.

1.1 SCOPE

This position statement applies to any registered physiotherapist practising physiotherapy in NSW (including rural and remote locations) in private practice, (whether in a sole or group practice) and any registered physiotherapist practising in a residential care facility or other care facility, which is not within the public health system.

1.2 REFERENCES AND RELATED POLICIES

- Physiotherapy Board of Australia Code of Professional Conduct.
- Public Health Regulation 2012 including Schedule 3 being a Code of Conduct for unregistered health practitioners.

- Allied Health Assistant Framework Policy GL 2013_005 for the public health system, private hospitals and day procedure facilities and community health centres.
- APA position statement 2008 – Working with a physiotherapy assistant or other support worker.

2.0 DEFINITIONS

- *Therapy assistant* is a health care practitioner who assists in implementing a client's treatment program under the supervision of a physiotherapist.
- *Physiotherapist* for the purpose of this position statement refers to a registered physiotherapist with a principal place of practice located within New South Wales.

2.1 FUNCTION/ROLE OF THE THERAPY ASSISTANT

The role and function of the therapy assistant is to be determined by the employing physiotherapist

- The therapy assistant is responsible to and must work under the close direction of a designated physiotherapist.
- The therapy assistant must not represent him or herself as a physiotherapist or physical therapist, directly or through implication.
- The therapy assistant cannot provide or bill for physiotherapy services.
- The therapy assistant shall maintain confidentiality of client information and shall not discuss the same with the client.
- The therapy assistant should document the intervention performed by themselves in the continuation notes or clinical record for that client. Documentation should be completed as soon as practicable after the intervention has been performed and should be accurate and legible.

2.2 SPECIAL CIRCUMSTANCES

Where the therapy assistant may be undertaking activities in situations where there is no direct visual supervision by the physiotherapist, as in rural or remote locations, or a residential care facility or other care facility, certain arrangements must be made to ensure high standards of client outcomes and safety. These arrangements may include:

- A specifically designated physiotherapist supervisor.
- Documented instructions from the supervising physiotherapist which are regularly reviewed.
- Direct interaction between the supervising physiotherapist, therapy assistant at the place of work at an appropriate frequency.
- A designated on site health care professional who will respond in an emergency.
- A designated health care professional qualified and willing to act in an advisory capacity on behalf of the supervising physiotherapist.
- The supervising physiotherapist being available by eg telephone or videoconferencing.
- An appropriate number of therapy assistants per physiotherapist based on the needs of the client load.

- The level of supervision being dependent on the nature of the tasks to be performed, the stability of the client's condition, and the complexity of the client's condition.

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

ETHICAL PRINCIPLES

EDUCATION/TRAINING

SUPERVISION and TASK DELEGATION

RESTRICTED TREATMENT

EMPLOYMENT OF PHYSIOTHERAPY STUDENTS AS THERAPY ASSISTANTS

NOT BILLING FOR SERVICES PROVIDED BY THE THERAPY ASSISTANT

3.1 ETHICAL PRINCIPLES

It is the physiotherapist's responsibility to ensure the therapy assistant is aware of the ethical behaviours expected by the practice/facility and also aware of their legal responsibilities, including the [Code of Conduct](#) for unregistered health practitioners to the extent that it applies to their providing health services in a safe and ethical manner. This includes:

- Respect for the rights and dignity of the client,
- Confidentiality,
- Standard of care,
- Providing services within the therapy assistant's training, experience and qualifications,
- Loyalty to the employer,
- Standards of personal behaviour,
- Restriction on the use of the title physiotherapist¹,
- Ensuring that the therapy assistant is aware of maintaining professional boundaries and not treating clients where there is a close personal or familial relationship.

3.2 EDUCATION/TRAINING

The physiotherapist must be satisfied that the therapy assistant has had appropriate training commensurate with their level of responsibility, experience and tasks that have been delegated to them. This is to include:

- Basic medical terminology,
- Basic anatomy where appropriate,
- Emergency procedures,
- Infection control standards,
- Manual handling,
- Client autonomy,
- Conflict of interest,
- Personal accountability for their own actions,

¹ Section 113 of the *Health Practitioner Regulation National Law (NSW) No. 86a* restricts the use of the titles, physiotherapist and physical therapist to a person who is registered in the physiotherapy profession under the National Law.

- Confidentiality and privacy and compliance with State and Commonwealth privacy legislation, including the *Privacy Act 1988* and the *Health Records and Information Privacy Act 2002*,
- Child protection,
- Work health and safety,
- Appropriate intervention and management procedures.

3.3 SUPERVISION AND TASK DELEGATION

The physiotherapist must supervise the therapy assistant to ensure a high standard of client outcomes.

- The supervising physiotherapist must provide adequate supervision and/or instructions according to the competencies of the therapy assistant, the severity and the complexity of the client's disorder, the treatment modality being undertaken and the clinical setting. Safety precautions relevant to each treatment modality are to be included in such instruction.
- The physiotherapist must observe the guidelines set out in the Code of Conduct for Registered Health Practitioners and reference to the definition of delegation in paragraph 4.3:
 "Delegation" involves one practitioner asking another to provide care on behalf of the delegating practitioner while he or she retains overall responsibility for the care of the patient or client.
- The supervising physiotherapist is directly accountable for a client's physiotherapy management irrespective of the amount of care provided by the therapy assistant.²

There are tasks which must not be delegated to therapy assistants in any circumstances and the physiotherapist should take all reasonable steps to ensure that the therapy assistant does not undertake, or attempt to undertake, the following activities:

- Interpretation of the physiotherapy referral, diagnosis or prognosis (with the exception of client triaging),
- Conducting the initial physiotherapy interview or assessment with the client,
- Interpretation of assessment findings, and establishment of treatment goals,
- Development of a physical diagnosis,
- Planning, initiating, instituting or modifying physiotherapy treatment programs,
- Documentation of the physiotherapist's treatment, including informed consent of the client,
- Initiating discharge from physiotherapy treatment.
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3.4 RESTRICTED TREATMENT

Manipulation, including spinal manipulation, must not be delegated to therapy assistants in any circumstances³.

² APA position statement 2008 – Working with a physiotherapy assistant or other support worker

Physiotherapists may delegate the use of treatment modalities by therapy assistants under the following circumstances:

- The physiotherapist has completed the appropriate assessment procedures, including sensation testing and warnings.
- The physiotherapist has checked the contraindications regarding the use of a modality prior to a program of care being implemented.
- The locus of the treatment area is delineated by the physiotherapist.
- The dosage and time is set by the physiotherapist.
- The physiotherapist has given all the appropriate warnings and information to the client.
- The physiotherapist shall ensure the therapy assistant warns the client before the application of each modality on each occasion.
- The therapy assistant has been trained in the safe application of the modality or treatment.
- The physiotherapist must perform a reassessment of the client at the conclusion of the application of the modality or treatment where possible. The physiotherapist must monitor the status of the client during the program of care.

3.5 EMPLOYMENT OF PHYSIOTHERAPY STUDENTS AS THERAPY ASSISTANTS

This position statement does not preclude a person who is a physiotherapy student being employed as a therapy assistant. However this person must be clearly identified as a therapy assistant and not as a student in the employment context.

3.6 NOT BILLING FOR SERVICES PROVIDED BY THE THERAPY ASSISTANT

The physiotherapist should not bill for services substantially provided by the therapy assistant.

4.0 ACKNOWLEDGEMENTS

Physiotherapy Assistants: Policy Statements and Guidelines Australian Physiotherapy Association NAC 19/2002

Document control

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³ Section 123 of the *Health Practitioner Regulation National Law (NSW)* restricts the manipulation of the cervical spine to persons who are registered in the appropriate profession (chiropractic, osteopathy, medical and physiotherapy) unless a student is performing the manipulation as part of his/her clinical training in one of the foregoing health professions.