The development of a system of legislation/regulation/recognition of physical therapists

Guideline
WCPT guidelines are produced to assist member organisations and others to raise the quality of physical therapy. They may provide guidance on standards criteria or courses of action in areas relevant to physical therapy education research practice or policy. They are not mandatory but designed to assist the implementation of WCPT’s policies.

This guideline is currently under review
Development of a system of legislation/regulation/recognition of physical therapists

1 Background

1.1 Introduction

The World Confederation for Physical Therapy has produced this guideline to support its policy statement on regulation1 and its member organisations, in developing or reviewing systems of legislation/regulation/recognition of physical therapists, including the preparation of legislation, such as a Physical Therapy Practice Act. (While not recommended by WCPT, if only a Health Professions Act is in place, it should include the legislation/regulation/recognition of physical therapists). It is in the public interest for the practice of physical therapy to be regulated as such systems protect the health and safety of the public.

Elements that are integral to regulation/recognition* will also promote trust and confidence in the profession. Fundamental to these mechanisms is the identification of physical therapy as a responsible self-governing health profession that sets and maintains prescribed levels of competence. It should be noted that the legislation is usually prepared by government legal advisers who should consult with the profession. Additionally, responsibility for administration of the legislation may or may not rest with the profession.

This guideline draws on international models for the legislation/regulation/recognition of the profession at both national and state/provincial levels. It is intended for use by member organisations that:

- are seeking to develop a system to regulate/recognise the practice of physical therapy in countries that do not currently have such a system
- do not currently have legislation or regulation and are seeking to have such legislation drafted
- are reviewing an existing system of regulation/recognition, including legislation, and wish to benchmark against international guidelines/standards

The guideline may also be of interest in countries where physical therapy associations do not currently exist and where the profession is not represented in WCPT.

WCPT recognises that the information in this guideline will have to be interpreted and applied within existing legislative and regulatory frameworks.

Member organisations may use the information:

- in developing a system of regulation/recognition for physical therapists as a responsible and self-governing profession

* Recognition in this context does not refer to recognition of professional qualifications eg as described in the EU Directive 2005/36/EC, but it is used in some parts of the world to refer to the recognition of physical therapists in the same way as legislation and regulation.
• in negotiations with government authorities seeking to establish a system to regulate physical therapy through licensure/registration/recognition, including drafting legislation
• as a checklist when preparing submissions on draft legislation or systems of regulation, or bills before government authorities/parliament
• in discussions with key stakeholders including the education, health and community sectors and governments to reinforce the importance of protecting the public interest with legislation/regulation/recognition systems that involve responsible self-governance

1.2 Scope of regulatory system

WCPT aims to improve the quality of global health service delivery by encouraging high standards of physical therapy education and practice. WCPT believes that the physical therapy profession should be based on recognised and valued systems regulating the profession through mechanisms that assure protection of the public interest. These include responsible self-governance of physical therapists.¹

The system of legislation/regulation/recognition should be comprehensive and should describe the extent of self-governance by the profession and the responsibilities of other agencies, such as a regulatory/accreditation authority external to the profession.

The system of regulation must focus on the public interest. Such systems should also promote trust and confidence in the profession through mechanisms that ensure only physical therapists, who are competent to practise, are able to use the title physical therapist or physiotherapist.² This protection of title may be regulated/recognised through a legislated system of registration or licensing by an external regulatory authority, or through the professional organisation.

Any system of legislation/regulation/recognition should:
• define the qualifications required for recognition/registration/licensure to practise physical therapy
• restrict use of the titles physical therapist and physiotherapist and their abbreviations to recognised/registered/licensed physical therapists²
• set and monitor standards of competence to practise physical therapy
• establish processes to assure the competence of applicants seeking recognition to practise the profession
• establish processes to assure that recognised/registered/licensed physical therapists maintain competences (such as continuing professional development and current practice requirements)
• set and monitor standards for the practice of physical therapy by licensed/recognised/ registered physical therapists
• establish processes to deal with complaints regarding licensed/registered/recognised physical therapists
• establish processes to deal with the findings of investigations into complaints regarding licensed/registered/recognised physical therapists

1.3 Defining the qualifications required to practise physical therapy

There should be a definition/statement of the requirements for a programme of education/qualification leading to licensure/registration/recognition. In some countries, for example Australia and Canada, the requirements will include accreditation of the qualification by an authority external to the regulatory authority.

See WCPT’s guideline for physical therapist professional entry level education. ³
1.4 Protection of title

Protection of title includes restriction of use of title and means that only persons who meet the standards to be recognised by the relevant regulatory authority are entitled to use the titles physical therapist or physiotherapist and appropriate abbreviations (eg PT, FT, physio)† as such or in any translation. It is WCPT policy to use the term “physical therapy” or “physical therapist” to cover all these titles, but they may be replaced by WCPT member organisations in favour of those terms officially used by them and their members without any change being implied. Failure to restrict use of both these professional titles and their abbreviations may result in a failure to protect the public interest because practitioners who are not licensed/registered/recognised could use the non-restricted title/abbreviation.

1.5 Standards for physical therapy practice

1.5.1 Standards of competence

There should be defined standards that describe the knowledge, skills and professional attributes that must be met by a person in order to be recognised as a physical therapist by the relevant regulatory authority. These standards must also be maintained in order for a physical therapist to remain licensed/registered/recognised.

1.5.2 Standards of professional conduct

There should be defined standards for the conduct of licensed/registered/recognised physical therapists. These may be in the form of a code of conduct or be defined standards set by the regulatory authority. Usually a code of ethics or ethical guidelines is in existence.

See: WCPT’s Ethical principles

WCPT’s policy statement: Ethical responsibilities of physical therapists and WCPT members.

WCPT’s policy statement: Standards of physical therapist practice.

WCPT’s guideline for standards of physical therapy practice.

1.6 Processes to assure maintenance of competence

In order for a physical therapist to remain licensed/registered/recognised there should be defined processes for them to demonstrate that they are maintaining the standards of competence. Common processes are requirements for engagement in continuing professional development and requirements for evidence of recent practice as a physical therapist.

See WCPT’s policy statement: Education.

1.7 Processes to deal with complaints

There should be defined processes for members of the public, physical therapists, and health practitioners to report adverse situations/complain to the regulatory authority when a licensed/registered/recognised physical therapist does not practise in accordance with the defined competence and practice standards. It is important that the profession bases these processes on responsible self-governance in order to protect the public. The processes must include a mechanism for investigating complaints and reports that is fair to the complainant and the physical therapist concerned. Many countries have accepted processes and mechanisms that fit in with professional self-governance as well as the broader legal system.

† This includes any translations of physical therapy/physiotherapy and physical therapist/physiotherapist into languages other than English eg fysioterapist, kinesiologist, kinesiotherapie, where they equate to the professional requirements to be recognised as such.
2  An example of legislation to establish a regulatory/recognition system

This section is set out as an example of legislation to achieve a regulatory/recognition system. However, a system of regulation/recognition may also be achieved by including all or part of the content of this section in an organisational governance or policy document.

2.1  Preliminary and key provisions of the legislation

2.1.1  Title: The name of the legislation should include the words ‘physical therapy’ or ‘Physical Therapist(s)’, for example “Physical Therapy Practice Act” or “Physical Therapy Regulation Act” or “Physical Therapist Registration Act”.

2.1.2  Commencement: Describes that date at which the entire legislation, or parts of it, become effective. It is usually the date when the legislation is signed by the person with the highest authority in the named country or state (eg head of state, national governmental body, monarch). Some sections of the legislation may become effective at a later time to allow a realistic time frame for implementation (eg for the regulatory authority to put in place procedures, to open an office, to appoint staff).

2.1.3  Purpose of the legislation: Describes the reasons for introducing the legislation and/or changing the legislation, for example “The main purpose of the legislation will be to protect the public interest by maintaining the health and safety of members of the public through a system that ensures physical therapists are competent and fit to practise the profession.”

2.1.4  The legislation should summarise the components including:

   i. the authority with responsibility for the legislation

   ii. the terms used in the legislation and their meaning or interpretation within the legislation

   iii. the powers of the regulatory authority or other authority to administer the legislation

   iv. the scope of practice and any limitations on the practice of physical therapy

   v. the restriction of use of the title "physical therapist/physiotherapist” and the qualifications required to use the title

   vi. the conditions the physical therapist must meet in order to practise under the legislation including the standards of competence or minimum standards of education and practice described by the regulatory authority or professional organisation

   vii. the frequency with which a physical therapist must renew registration/license to use the title physical therapist and to practise physical therapy (eg annually, biannually)

   viii. the mechanisms for assuring the competence of physical therapists and promoting public trust and confidence that they are protected from practitioners who do not meet the standards of competence

   ix. the process for a physical therapist to appeal a decision by the regulatory authority, including the outcome of an application to be recognised as a physical therapist

2.2  Scope of practice, qualifications and experience required

2.2.1  This section states the requirements of the body responsible for regulating/recognising physical therapists (the regulatory/recognising authority) to publish the scope of practice for physical therapists.

   For examples see the scope of practice from the:

   • Physiotherapy Board of New Zealand
2.2.2 Prescribes the qualifications that are required to be recognised by the regulatory authority as a physical therapist.

2.2.3 Sets out the principles by which the regulatory authority must be guided when prescribing the qualifications needed to be recognised as a physical therapist (eg only qualifications that the regulatory authority has assessed as providing the knowledge, skills and professional attributes necessary for safe and competent practice).

2.2.4 Outlines the other requirements that must be met to use the title physical therapist and/or practise physical therapy. These requirements may include providing evidence that the applicant:

i. has demonstrated that he or she has the requisite knowledge, skills, and professional attributes to practise physical therapy

ii. has demonstrated the ability to communicate effectively in the context of physical therapy practice including language proficiency

iii. has no previous convictions and/or imprisonment for offences that might adversely affect the ability to practise in a manner consistent with the public interest

iv. has no professional disciplinary proceedings brought against him/her in another nation or state/province

v. has no health reason that may adversely affect the ability to practise in a manner consistent with the public interest

2.3 Process of application for licensure/registration/recognition and authorisation to practise

2.3.1 Details the process of making an application to the regulatory authority, including how to meet the requirements in Section 2 and how to demonstrate the knowledge, skills and professional attributes required to practise physical therapy. For example, the application may require official documents, such as an official transcript from the higher education institution where the physical therapy qualification was obtained, a professional/character reference, a language proficiency test result and a criminal history check.

2.3.2 Describes the ability of the regulatory authority to obtain additional information about an applicant where it is in the public interest (eg a health assessment, a letter of good standing from another regulatory authority or a criminal history check).

2.3.3 Sets out the guidelines for prompt handling of applications by the regulatory authority.

2.3.4 Sets out the process for recommending licensure/registration/recognition to the authority.

2.3.5 Details the requirement for the regulatory authority to inform an applicant of a decision to decline an application for license/registration/recognition or alter/place conditions on the licensure/registration/recognition (eg limited scope of practice, specific location of practice, limited period of practice, a requirement for supervision).

2.3.6 Describes the process for applying any conditions to an applicant’s practice (eg practising under supervision while awaiting passage of licensure/registration/recognition examination).

2.3.7 Details the ability of the applicant to respond to an intention to alter the scope of practice.

2.3.8 Details the requirements for the regulatory authority to determine a process of assessment for any physical therapist who has had conditions placed upon his/her practice.
2.4 Processes relating to issuing of licences/registrations

2.4.1 Sets out the period of time for which the issued license/registration/recognition is valid.

2.4.2 Sets out the requirement to issue a temporary/limited license/registration/ recognition if the applicant is not eligible for a full license/registration/ recognition.

2.4.3 Sets out, if appropriate, the requirement for the authority to include a condition on the scope of practice on the license/registration/ recognition.

2.4.4 Sets out what happens if there is a condition on the license/registration/ recognition such as a limitation on the scope of practice.

2.4.5 Sets out the requirement for surrender of an issued license/registration/ recognition.

2.5 Requirements for maintenance of competence

2.5.1 Describes the requirements/activities that a licensed/registered/recognised physical therapist must undertake to maintain competence to practise (eg include a minimum number of hours of continuing professional development over a specified period of registration).

2.5.2 Details the power of the regulatory authority to review the competence of any licensed/ registered/recognised physical therapist.

2.5.3 Describes the guidelines (eg evidence of continuing professional development) to be observed if a review of competence is to be undertaken by the regulatory authority.

2.5.4 Details the power of the regulatory authority to review records and to take further action if the physical therapist fails to meet the competency requirements.

2.5.5 Describes the regulatory authority's power to require a physical therapist who has not practised for a while or has surrendered their licensure/registration, or has let it lapse, to demonstrate competence to practise.

2.5.6 Describes the regulatory authority's power to take action if there is evidence that a physical therapist is no longer competent to practise (eg by withdrawing a license/registration/ recognition or placing conditions on the license/registration/recognition).

2.5.7 Describes the process for an individual or authority (eg another physical therapist or hospital employer) to be informed if there is evidence that a physical therapist is no longer competent to practise. Describes the notice that is required to be given to other authorities if there is a risk of harm to the public because a physical therapist is no longer competent to practise.

2.5.8 Describes the confidentiality statement related to the process in this section.

2.6 Requirements for a physical therapist who is unable to practise for health reasons

2.6.1 Describes the requirement for a physical therapist, employer or other health professional to inform the regulatory authority if the mental or physical wellbeing of the physical therapist is such that it is likely to adversely affect his/her ability to practise in a safe and competent manner.

2.6.2 Describes the power of the regulatory authority to take reasonable steps to ensure that the physical therapist whose ability to practise is affected does not place the public interest at any risk of harm (eg placing conditions on practice or suspending the license/registration/ recognition).
2.7 Processes relating to complaints

2.7.1 Describes who can refer a complaint/make a report about a physical therapist to the regulatory authority (eg a member of the public, an employer, another physical therapist, another health practitioner).

2.7.2 Describes how a complaint/report about a physical therapist is to be made (eg in writing).

2.7.3 Describes the process for evaluating and referring a complaint/report about a physical therapist.

2.7.4 Requires the regulatory authority to complete any investigation within a specific time period.

2.7.5 Provides a regulatory authority with the power to take reasonable steps if the continued practice by a physical therapist is not consistent with the public interest (eg suspending the license/registration/recognition).

2.8 The role of a professional conduct committee/panel

2.8.1 Describes the process for the regulatory authority to establish a professional conduct committee/panel that includes registered physical therapists.

2.8.2 Details as appropriate the procedures to:
   i. consider the matter of the complaint/report
   ii. receive evidence regarding the matter
   iii. consider the evidence and make recommendations to the regulatory authority (eg that the matter is dealt with by a disciplinary panel/tribunal, or referred to conciliation, or no further steps need be taken against the practitioner)
   iv. make recommendations to the regulatory authority if the panel considers the continued practice by a physical therapist is not consistent with the public interest (eg to suspend the license/registration/recognition if there is evidence that continued practice will expose the public to risk of harm)

2.9 The role of the disciplinary panel/tribunal

2.9.1 Provides for the establishment of a disciplinary panel/tribunal to deal with matters that have a threshold of seriousness in regard to professional misconduct. It is preferable that the disciplinary panel/tribunal is independent from the regulatory authority.

2.9.2 Describes the membership of a disciplinary panel/tribunal (eg stating the minimum and maximum number of members, how many members can be registered physical therapists, requirements for membership to include a legal practitioner).

2.9.3 Describes how members of a disciplinary panel/tribunal are appointed and the term of the office (eg by the Minister of Health for three years).

2.9.4 Requires each member of the disciplinary panel/tribunal to declare any conflict of interest prior to being appointed to hearing each matter.

2.9.5 Describes the processes for notifying the physical therapist:
   i. that a matter has been referred to the disciplinary panel/tribunal
   ii. of the details of the disciplinary proceedings (eg that a hearing will be in public)
   iii. of the procedures and requirements for responses (eg to be in writing)
2.9.6 Provides the regulatory authority with the power to suspend the physical therapist’s license/registration/recognition or to place conditions on the physical therapist’s practice prior to the hearing if such action is consistent with the public interest.

2.9.7 Describes the processes for:
   i. arranging for special protection for certain witnesses
   ii. providing for name suppression
   iii. determining the grounds for discipline
   iv. detailing the penalties to be imposed and how costs are to be recovered

2.10 Matters that relate to professional misconduct

2.10.1 Lists matters that relate to professional misconduct, for example:
   i. malpractice or negligence in relation to the scope of practice;
   ii. practising physical therapy without a valid license/registration/recognition
   iii. practising outside the scope of practice
   iv. failing to comply with conditions imposed on the license/registration/recognition
   v. conduct that reflects adversely on the physical therapist’s competence to practise
   vi. conduct that has brought, or is likely to bring, discredit to the profession

2.11 Options that the disciplinary panel/tribunal may recommend when a physical therapist is found guilty of professional misconduct

2.11.1 Lists the options for recommendations to be made by the disciplinary panel/tribunal to the regulatory authority when a physical therapist is found guilty of professional misconduct. For example:
   i. cancel or suspend the licence/registration for a stated time
   ii. impose conditions under which the physical therapist must practise
   iii. censure the physical therapist
   iv. impose a fine on the physical therapist
   v. impose costs on the physical therapist in relation to the hearing and/or other inquiries (eg the professional conduct committee)
   vi. restore the physical therapist’s licence/registration
   vii. make a recommendation on continued name suppression or public notification

2.12 Appeals process for the physical therapist

2.12.1 Describes the right of appeal by the physical therapist.
2.12.2 Describes the grounds for an appeal.
2.12.3 Defines the timeframe within which the appeal must be lodged.
2.12.4 Describes procedures for an appeal.
2.13 Structures and administration of the regulatory authority

2.13.1 Defines the process for the establishment/continuation of a regulatory authority to administer the legislation for the regulating/recognising physical therapy.

2.13.2 Describes the membership of a regulatory board. For example:
   i. a mix of appointed and elected members
   ii. a majority of licensed/registered/recognised physical therapist members
   iii. members of the lay public (the total number from the public may be country specific)
   iv. other qualified members such as another health practitioner or a legal practitioner

2.13.3 Describes the procedures for appointment of members of the regulatory board for physical therapy (eg by the Minister of Health, after an official notice calling for nominations has been published).

2.13.4 Specifies the term of office (eg three years), with the possibility of reappointment.

2.13.5 Describes the procedures to appoint a member when a vacancy occurs.

2.13.6 Specifies the appointment of a chair or president of the regulatory board (eg elected from and by the members).

2.13.7 Makes provisions for the appointment of the chair in his/her absence.

2.13.8 Defines a quorum needed for resolutions.

2.14 Other powers of the regulatory board or other authority

2.14.1 Describes the powers and obligations of the regulatory board in regard to reporting, audit, and requests for information that is in the public interest (eg the number of licensed/registered/recognised physical therapists).

2.14.2 Requires the regulatory board to issue an annual report including a financial report for the year.

2.14.3 Describes the power of the regulatory board to charge fees.

2.15 Necessary administrative matters

2.15.1 Describes the processes necessary to keep and maintain a list/register of licensed/registered/recognised physical therapists and to specify the information contained in the list/register (eg name and license/registration/recognition status). The authority responsible for maintaining the list/register must keep it up to date in regard to entries, changes, change of status as a result of a penalty imposed by the disciplinary panel/tribunal and a directive received from the physical therapist.

2.15.2 Indicates whether the list/register is open to the public to access and others to inspect (eg via a web link or by direct communication with the authority).

2.15.3 Details the steps to be taken by a physical therapist to inform the authority of any change of name or address or to cancel their licence/registration/recognition and remove their name from the list/register.

2.15.4 Describes the power of the authority, on receipt of an official death certificate, to remove the name of a physical therapist from the list/register.

‡ Matters such as the schedule of fees are best not to be included in the body of the legislation otherwise they can only be changed by an amendment to the law. The fees can be set out in a schedule which is officially published by the authority/board.
2.16  **Delegated responsibility of the physical therapy regulatory board**

2.16.1 Describes the power of the regulatory authority to appoint a person/registrar to implement the regulatory board’s decisions and comply with directions of the board/authority and the disciplinary panel/tribunal.

2.17  **Miscellaneous provisions for amendments, repeals and transitional arrangements**

2.17.1 Details various sections that may be common with other legislation (e.g., medicine, nursing, occupational therapy legislation/regulation/registration) in regard to compliance and reporting procedures. For example, the requirements for publication of findings of a disciplinary panel/tribunal.

2.17.2 Provides any appropriate references to other legislation pertaining to physical therapists (e.g., privacy legislation).

2.17.3 Describes the process for transition where legislation/registration/recognition is already in place (e.g., if a complaint against a physical therapist was made during the time the old or previous legislation/regulation/recognition was in place, the matter would be dealt with under the previous system).

2.17.4 Includes schedule(s) for implementing new legislation/regulation/recognition that has been enacted or revisions that are to be appended to existing legislation regulation/recognition (e.g., general proceedings for the board/authority and the disciplinary panel/tribunal, administration matters, other legislation that may be amended and/or revoked as a consequence of the current legislation being enacted).

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**Glossary** ([www.world.physio/resources/glossary](http://www.world.physio/resources/glossary))

- Act
- Competence
- Condition
- Continuing professional development (CPD)
- Disciplinary panel/tribunal
- Law/statute
- Lay person
- Legislature/regulatory board/authority
- License/registration
- License/registration/regulation list
- Prescribe (regulation)
- Professional conduct committee
- Scope of practice
- Statute
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Bibliography

References


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Appendix 1: Useful resources

Member organisations are encouraged to review a number of sites that are appropriate in order to facilitate development of a Practice Act or legislation/regulation for the profession within a given country. The following examples of resources and websites from countries with a Practice Act or well established licensure/regulation in place will provide greater detail for each of the areas outlined in this paper.

Australia


Canada

- Canadian Alliance of Physiotherapy Regulators [www.alliancept.org/](http://www.alliancept.org/)

New Zealand

- Physiotherapy Board of New Zealand [www.physioboard.org.nz/](http://www.physioboard.org.nz/)

South Africa

- Health Professions Council of South Africa [www.hpcs.co.za/hpcs/default.aspx](http://www.hpcs.co.za/hpcs/default.aspx)
UK

- Health Professions Council [www.hpc-uk.org/index.asp](http://www.hpc-uk.org/index.asp)
- Health Professions Order 2001 [www.hpc-uk.org/assets/documents/1000061DThe_Health_Professions_Order.pdf](http://www.hpc-uk.org/assets/documents/1000061DThe_Health_Professions_Order.pdf)

USA


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