



## **International Collaboration — an Antipodean Perspective**

*This article is based on a presentation by Paul Shinkfield, Chair, Physiotherapy Board of Australia, and Deputy Chair, International Network of Physiotherapy Regulatory Authorities (INPTRA), at the 2015 FSBPT Annual Meeting.*

This presentation explored the benefits, challenges, and opportunities from international collaboration and connectivity of physiotherapy regulators. It examined the strong international influences shaping the development of the National Registration and Accreditation Scheme (NRAS) in Australia, including the integration of best practice approaches to health practitioner regulation.

A specific recent example of collaboration between the Australian and New Zealand Physiotherapy Boards to develop shared entry-level practice competencies was highlighted, including discussion of the impacts of concurrent implementation strategies and the potential broader implications for the international physiotherapy regulation community.

Antipodean is Greek. It means opposite the feet. Geographically, it means a point diametrically opposed to where you happen to be. The title was chosen because if you look at a map of the world, Australia is diametrically opposed to Florida, where the conference took place.

Prior to the NRAS, Australia's physiotherapy regulation system functioned much as it does in the United States. NRAS combined eight state and territory arrangements, about 95 separate health practitioner boards into 14, about 75 acts of parliament from the states and territories into one consistent piece of legislation, and 38 regulatory organizations, or supporting bodies, into one agency, the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA works in collaboration with the 14 national boards to deliver the national scheme in Australia. It covers nearly all health professions. The Physiotherapy Board of Australia is one of the 14 boards.

NRAS, or simply the scheme, was inspired by models used in other countries. It's been in effect since July 1, 2010. In the past five years, the process has undergone seven governmental reviews, only one of which was planned. Each review forced regulators to compare the Australian models to other international models. While the model is fully functioning today, it will probably take another five years before the scheme reaches full maturity in the way it operates.

From the beginning, NRAS benefited from international corroboration. Harry Cayton, CEO of the Professional Standards Authority in the United Kingdom, consulted with Australian regulators

from the get-go. Cayton regulates the regulators in the UK and continues to consult and collaborate regularly with AHPRA.

Cayton is a proponent of Right Touch Regulation: be clear on the problem, quantify the risks of taking action, pay attention to unintended consequences, and keep it simple. What that boils down to is to provide a proportionate response to the risk you have assessed. Balance the scales. Do too little and you under-regulate. Do too much and there's the risk of unintended consequences.

Based on Cayton's Right Touch Regulation principles, AHPRA developed its Regulatory Principles for the National Scheme. It's a regulatory philosophy of how AHPRA does business and it defines as much what the organization doesn't do as what it does do. Again, it's something learned through international collaboration.

Digging even deeper into international collaboration, AHPRA teamed up with the Health & Care Professions Council (HCPC) — one of the United Kingdom's premier regulatory agencies — for data and information exchanges, benchmarking performance, and staff immersions.

To benchmark performance, agencies break down the complaint process in each jurisdiction. They look at things such as the time it takes to notify the relevant board, the time it takes to appoint an investigator, and the time it takes to resolve a complaint. Benchmarking gives the jurisdictions a sense of whether they are right in their approaches and responses.

Last year, AHPRA's National Director of Policy spent six weeks in the UK working with HCPC on a couple of projects it assigned. She then brought back a project she particularly liked and is instituting it in Australia. HCPC also sent a colleague to Australia to continue the cross-pollination of ideas, processes, and development.

Another international partner is Malcolm Sparrow, Professor of the Practice of Public Management at Harvard University's Kennedy School of Government. Sparrow is a proponent of Risk-based Regulation. He teaches his pupils to detect patterns in regulatory actions, understand the problem you face, develop regulatory solutions to those problems, implement the solutions, measure the effectiveness of the solutions, then tell everyone about it.

A regulator's job is simple, according to Sparrow. It's to manage risks and try to prevent harm to the public. Telling people what you've done isn't bragging. The public wants to know you're protecting them.

AHPRA formed the Risk-based Regulation Unit to look at and analyze the data that's now easier to compile because AHPRA is a national body. The analysis showed that physiotherapists are on the low end of the risk scale. Even though PTs are low risk, AHPRA is digging deeper into the data and saying, OK, of the cases where there are complaints, what's the pattern and is there anything we can do to lower the risk even further? It sees itself as lifeguards on a beach, setting out flags and letting the public know where it's safe to swim. And like a lifeguard, it will intervene if someone is risking public safety.

An example of mutually beneficial collaboration can be seen between Australia's Physiotherapy

Board and New Zealand's counterpart. It was made easier because of the close historical and geographical ties the countries share. Most of Australia's population is located on the continent's east coast. It takes longer for Australians to fly to the west coast than it does to fly to New Zealand. The two countries also share a national holiday, ANZAC Day on April 25, to celebrate the battles fought by the Australia and New Zealand Army Corps. Then there are the sports rivalries. There is nothing more satisfactory to Australians than to beat New Zealand's rugby team, and nothing more satisfactory to New Zealanders than to beat the Australians.

One difference is in the way New Zealanders value their culture, especially when it comes to their indigenous people. It is very important and is instituted in their laws.

The regulatory landscape is very consistent between the two countries. Both are regulated by a national board and the ratio of PTs to the population is similar. There are some differences, of course. New Zealand regulates scope of practice and Australia does not and Australia regulates the workforce, where New Zealand does not.

Since the 1990s, the countries have also adhered to the Trans Tasman Mutual Recognition Arrangement (TTMRA), which states, with a few exceptions, that a person registered to practice an occupation in Australia is entitled to practice an equivalent occupation in New Zealand, and vice versa, without need for further testing or examination. The problem is the two countries' processes are different. New Zealand's cost is about 25% of what it is in Australia and takes about half as long. So what happens is PTs from other countries travel to New Zealand to be certified then shoot over to Australia. Australia was concerned not only about the differences in process and why Australia's process is so more expensive and time-consuming, but more importantly, if there were glaring inconsistencies in the programs.

To solve the inconsistencies, the boards created the Bi-national Practice Threshold Statements. These are basically a standard the two countries share defining the competency required for entry-level practice in both countries. It assures both countries that anyone practicing under TTMRA have been assessed under the same standards.

Reaching an agreement, thought to be the only one of its kind between two countries, was helped because of the historical close collaboration, similar history and national values, buy-in from stakeholders, regular communication among all, an evidence-based approach, and recognition and incorporation of cultural competence.

Challenges included the length of time it took to reach agreement, contractual issues, consultations across jurisdictions, and different legislative requirements for cultural competence. The two countries also differed in their laws about privacy, confidentiality, and intellectual property.

The agreement is now in the process of being implemented. Because each country has its own legislative dictates, the approaches to implementation will be slightly different but the outcomes will be the same. It's hoped the agreement will be implemented fully by early next year. One thing that will have to be worked in is course providers will have to change the curriculum to meet the new international standards.

Health is a global business and regulation of healthcare is a global business. Organizations that help facilitate that include the International Network of Physiotherapy Regulating Authorities (INPTRA). Its tag line is “facilitating international cooperation and collaboration.”

Several lessons came out of INPTRA’s 2015 conference, including global barriers to mobility and inequities in assessment. There also are universal truths, such as one from a Kenyan delegate, who noted during his presentation, “The reason we want to do regulation in Kenya is because there’s a madman in every village.”

In addition to INPTRA, the World Confederation for Physical Therapy provides support for less developed systems, among other roles. It represents 106 member organizations and 350,000 physiotherapists internationally.

While the Australian-New Zealand pact involved countries with national structures, attendees were instructed that that’s not a barrier to international cooperation. The keys to success are to seek the most efficient and effective approaches to your circumstances and to understand your role as a regulator.

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**Paul Shinkfield** will become the National Director - Strategy and Research with the Australian Health Practitioner Regulation Agency (AHPRA) commencing January 2016. Amongst other things, this role has accountability for the risk based regulation body of work for the National Regulation and Accreditation Scheme in Australia. Prior to this, Paul served as Chair of the Physiotherapy Board of Australia since August 2012, having served as a practitioner member on the inaugural board from 2009. In February 2015, he was elected Chair of the Forum of National Board Chairs for the National Registration and Accreditation Scheme (NRAS) and also has a number of other multi-professional roles across the scheme. He is currently Deputy Chair of INPTRA.

Paul holds a Bachelor of Applied Science (Physiotherapy), a Bachelor of Laws (Hons), a Graduate Diploma in Legal Practice, a Diploma of Business (Frontline Management), and is a graduate of the Australian Institute of Company Directors.