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COMPARATIVE ANALYSIS OF REGULATORY FRAMEWORK OF PHYSIOTHERAPY IN INDIA WITH THAT OF AUSTRALIA AND NEW ZEALAND

Physiotherapy

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ABSTRACT

The study aims at studying the Regulatory framework of Physiotherapy in India (NCAHP) as compared to Australia (HPRNL) and New Zealand (HPCAA). The study highlights the similarities and differences in the regulations of the two countries with India (NCAHP) with respect to 1) registrations of professionals and 2) Practice Standards for the profession and come up with recommendations that may be incorporated in future amendments in the NCAHP. The research methodology used is Rapid Appraisal literature review. On comparative analysis it is found that the Provisions on General, Provisional, Specialty, Limited and student Registration, scope of practice, Fitness to practice and Health and Competence Performance are not observed in NCAHP and are key requirements to ensure that health professionals are competent and fit to practice their professions and hence come out as key recommendations for inclusions in the future amendments of NCAHP.

KEYWORDS

Regulatory framework; Physiotherapy; India; Australia; New Zealand

INTRODUCTION

Physiotherapy is an internationally recognized health profession that is practiced worldwide. The physiotherapists aid in the development, maintenance, and restoration of the maximum functional abilities of an individual throughout the life-span. As functional independence lays the fundamental base for a healthy being, physiotherapist has become utmost important part of a healthy lifestyle in the whole world.

In India Physiotherapy foundation was laid during the epidemic of Polio in 1950's. Till recent times there was no central regulatory authority governing the profession of Physiotherapy in India. A no of states like Gujrat, Maharashtra, Delhi, Tamilnadu and Chhattisgarh have state councils that regulates the profession in their jurisdiction. Although the acts of Physiotherapy for these states are similar but the jurisdiction is limited to the respective state only. There by the Physiotherapy learners who need endorsement for their international professional studies and jobs residing in states not having a Physiotherapy Council face lots of hardships.

World Physiotherapy advocates that National physical therapy regulatory authorities are in charge of defining physical therapy and physical therapists' duties pertinent to their country's needs for health service delivery and should articulate each field's scope of practice and lay out their respective job descriptions [1]. As physiotherapy practice is flexible and adaptable to the demands of patients, clients, and the general public a periodic review is therefore necessary to make sure that the scope of practice continues to be congruent with current health requirements and represents the most recent evidence base as knowledge and technology change[2].

The main pillars supporting the professional regulatory body are the upkeep of a register of licenced, regulated, and recognised physiotherapists, assurance of the existence of standards of continuing professional competence, entry-level education standards, and exit-level competencies for practise[3].

As Physiotherapy has lucrative careers abroad, the number of Physiotherapy aspirants going abroad for master's programs and work has increased exponentially. The Ministry of External Affairs notified to Question no 396 on July 2021 in Rajya Sabha notified that the students preferring Australia and New Zealand for foreign studies is at the third and fifth place with respect to other countries[4]. Easy availability of Post work visas, better chances of permanent residency and facilitatory process of student visa are some of the reasons for movement of students to these two countries.

In order to study or work in a country the learner needs to get a license to practice Physiotherapy in that country which is issued by the regulatory authority of Physiotherapy of that Country.

In Australia the Health Practitioners Regulation National Law (HPRNL) is the law which regulates and protects the rights of all health professionals in Australia including those in medicine, dentistry, nursing, and allied health including physiotherapists. The HPRNL's objective is to provide protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered. Australian Health Practitioner Regulation Agency (AHPRA) is the national Agency established by HPRNL and is responsible for handling & investigating complaints about physiotherapists. AHPRA is responsible for implementing the National Registration and Accreditation Scheme and works in conjunction with National Board of respective professions[5].

Health Practitioners Competence Assurance Act (HPCAA) is the law under which Physiotherapists get regulated in New Zealand. In areas where there is a possibility of harm from professional activity, it provides a framework for the regulation of health practitioners. The Act incorporates safeguards to guarantee that practitioners are qualified and fit to carry out their professions. The Act seeks to attain consistent accountability for all health professions, determination for each health practitioner of the scope of practice within which he or she is competent to practice and that no practitioner practices outside his scope of practice and to restrict specified activities to particular classes of health practitioner to protect members of public from the risk of serious or permanent harm. All health practitioners including Medicine, Dental, Nursing, Pharmacy and other allied Health Professions such as Physiotherapy come under the ambit of HPCAA. The Act is administered by the Ministry of Health of New Zealand. [6].

In India the National Commission for Allied and Healthcare Professions Act (NCAHP) 2021 is the lately introduced central statutory body which received the accent of the president on March 28, 2021 and signifies the pivotal turning point in aligning international standards for Allied and Healthcare Professionals. It is an act to create a system to improve access, research and development, adoption of the most recent scientific advancement, regulation and maintenance of standards of education and services by allied and healthcare professionals, evaluation of institutions, maintenance of a Central Register and State Register, and other matters related to or incidental thereto. In order to set rules and standards for the administration of allied and healthcare related education and professional services and to control their professional behaviour, it provides for the establishment of Professional Councils for each recognised professional category such as Physiotherapy, Occupational Therapy, Ophthalmic Sciences and other Allied and Health care professionals[7].

The rules and regulations that govern the practice of Physiotherapy in Australia (HPRNL) and New Zealand (HPCAA) therefore need to be analysed in order to find out the similarities and differences of the two countries with India (NCAHP) and come up with recommendations that may be incorporated in future amendments in the NCAHP. Hence,

a rapid appraisal of the Health Practitioners Acts of the two countries is undertaken and compared with NCAHP of India.

Aim

To review and compare the regulatory frame-work for Physiotherapy in India with that of Australia and New Zealand.

Objectives of the paper

The paper presents the comparative analysis of the regulatory frame work for the profession of Physiotherapy in India which is NCAHP The National Commission for Allied and Health Care Professionals Act 2021 with HPRNL Health Practitioner Regulation National Law Act 2009 of Australia and HPCAA Health practitioners Competence Assurance Act 2003 of New Zealand which are the Acts governing the two Countries for Physiotherapy on two important aspects of the regulatory framework (1) registration of the professionals and (2) practice standards of the profession.

Nature of Study

A rapid Appraisal Literature review**.**

Procedure The NCAHP, HPRNL and HPCAA Acts available online were downloaded from the respective website and analysed.

India

The National Commission for Allied and Healthcare Professions Act 2021(NCAHP) was downloaded from the Government website and reviewed. The provisions of clauses on Registration and Practice Standards were analysed and entered in database.

Australia

The Health Practitioners Regulation National Law (HPRNL) available online was downloaded from the website and reviewed. The provisions of Clauses on Registration and Practice Standards were analysed and entered in database.

New Zealand

The Health Practitioners Competency Assurance Act (HPCAA) available online was downloaded from the website and reviewed. The provisions of Clauses on Registration and Practice Standards were analysed and entered in database.

The following steps were followed:

A rapid appraisal of the above regulatory frame works of each country was performed. The clauses in the NCAHP on Registration and Practice standards formed the basis of comparison for HPRNL and HPCAA.

The clauses in the NCAHP on Registration and Practice standards were identified for presence in the HPRNL and HPCAA and if present were marked as included and not included if not observed.

The HPRNL and HPCAA were also analysed for presence of clauses those are important for registration and Practice standards but are not observed in the NCAHP and come up with recommendations of Clauses that may be incorporated by NCAHP in future Amendments.

Observations and Results

Table 1: Table shows comparison of Clauses on Registration in NCAHP with HPRNL and HPCAA

Sr No	Clauses in NCAHP	HPRNL	HPCAA
1	Central Allied and Healthcare Professionals Register	Included	Included
2	Privileges for enrolment on Central Register	Included	Included
3	Registration in Central Register	Included	Included
4	Issue of certificate of registration	Included	Included
5	Registration of additional qualifications	Included	Included
6	Removal of name from Central Register	Included	Included

Interpretation:

The above table shows that the clauses in NCAHP on Registration are also enacted in HPRNL and HPCAA.

Table 2 Table shows comparison of Clauses on standards of Practice in NCAHP with HPRNL and HPCAA

Sr No	Clauses in NCAHP	HPRNL	HPCAA
1	Penalty to be falsely claiming to be entered in Central Register and State Register	Included	Included
2	Misuse of titles	Included	Included
3	Failure to surrender certificate of registration	Included	Included
4	Penalty for contravention of provisions of Act.	Included	Included
5	Cognizance of offences	Included	Included

Interpretation:

The above table shows that the clauses in NCAHP on standards of Practice are also enacted in HPRNL and HPCAA.

Table 3: Table shows Clauses enacted in HPRNL and HPCAA on Registration and practice standards those are not observed in NCAHP.

Sr No	Clauses	HPRNL	HPCAA
1.	Registration	General Registration	Prescribed scope of practice
		Specialist Registration	Fitness for Registration
		Provisional Registration	Practising Certificates
		Limited registration	
		Student Registration	
		Obligations of students and registered health practitioners	
2.	Practice Standards	Health assessment	Practice below required standard of Competence
		Performance assessment	Competence programmes
		Notifiable conduct	Recertification programmes
			Inability to perform required functions due to mental or physical condition

Interpretation:

The above table shows that the clauses in HPRNL and HPCAA on Registration and Practice Standards shows variations.

DISCUSSION

The clauses in NCAHP on Registration are also enacted in HPRNL and HPCAA, the main objective being to establish a national registration for regulation of health practitioners. The Clauses on Standards of Practice observed in NCAHP are also enacted in HPRNL and HPCAA. Thus, showing similarities in the enactments.

On comparison of registration provisions, The HPRNL Australia has provisions for General Registration, Specialist Registration, Provisional Registration, Limited Registration and Student Registration for the health practitioners.

The general registration is the entry-level registration that professional must complete in order to start practising. The practitioner must have finished any mandatory time of supervised practise in order to meet the approved qualification of registration standard for the health profession.

An individual is qualified to register in a specialist registration if the individual holds an approved qualification for the specialty and has completed the training for the same which may be a higher educational qualification of specialisation or super specialisation.

Provisional Registration enables an individual to complete a period of supervised practice that the individual requires to be eligible for general registration. During internship the internees are required to treat patients of various condition under supervision in order to gain

experience and to be eligible for general registration. A limited registration option enables a person to complete postgraduate training, practise under supervision, complete an assessment, or take an exam that has been approved by the board for the profession. Additionally, it could be given to someone to fill a research post or perform their trade in a place where it is needed.

Students registration is for professionals undertaking clinical training in an approved program of study. Such a provision in the Regulatory Frame work is necessary for a profession like Physiotherapy in India where latest techniques and recent advances workshops are in vogue for the interns and fresh professionals and hence regulations for such workshops by the competent authorities is required.

Division 9 Clauses 140 to 190 of HPRNL and Part 3 Clauses 34 to 41 of HPCAA are provisions about requirement for health practitioner or student to undergo a health assessment if an impairment is observed in the practitioner or student and for performance assessment if there is unsatisfactory notice about his or her practice. Practice below required standard of competence that may pose a risk of harm to the public and is liable for notice for a review of competence and if needed competence program for the practitioner. Competence programs and Recertification programs are the provisions enabling the practitioners to keep themselves updated with latest technological developments in the profession and also required if the professionals were non-practising for a period of more than 3 years. These clauses are also not observed in NCAHP and are requirements to ensure that health professionals including physiotherapists are competent and fit to practice their professions.

Clauses 45 to 51 in part 3 of HPCAA are about inability to perform required functions by the practitioners due to mental or physical conditions and liable for suspension of registration which is an important provision pertaining to the risk of harm involved in the treatment of patients and hence should also be requirements for Indian regulatory system.

Part 2 clause 11 to 25 of HPCAA are provisions about the scope of practice within which a practitioner is competent to practice. In the scope of practise there should be a mention of area of science or learning, tasks commonly performed and reference to illnesses or conditions to be diagnosed, treated or managed. The scope of practice defines the training and support received and skills and knowledge gained in order to perform the allotted task safely and effectively. It defines the procedures, actions, and processes that are permitted for the licensed professional.

The scope of practice needs to be defined as every profession under the ambit of NCAHP has specialisations and super specialisations and restrictions of practice and defining scopes of practice of entry to practice learners and advanced practitioners of the profession like physiotherapy is necessary.

Conclusions and Recommendations

On Comparative analysis of the three regulatory frameworks for the profession of Physiotherapy it was observed that the clauses on provisions of General Registration, Provisional Registration, Limited Registration and Student Registration observed in HPRNL Australia are not observed in NCAHP and are requirements to ensure that health professionals including physiotherapists in India should have regulations as HPRNL.

The provisions of Clauses in HPCAA New Zealand on Scope of practice, Fitness for registration and Recertification and Competence programmes are also not observed in NCAHP and are key requirements to ensure that health professionals are competent and fit to practice their professions and hence are recommendations for inclusions in the future amendments of NCAHP.

Limitation

The number of provisions analysed and compared were restricted to Registration and Standards of Practice in this study. The study is based on literary composition and not operational analysis.

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