

# The development of a system for regulation of the physiotherapy profession

Guideline

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**World Physiotherapy guidelines** are produced to assist member organisations and others to raise the quality of physiotherapy. They may provide guidance on standards criteria or courses of action in areas relevant to physiotherapy education, research, practice or policy. They are not mandatory but designed to assist the implementation of World Physiotherapy policies.

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# Guideline for the development of a system for regulation of the physiotherapy profession

## 1 Introduction

### 1.1 Purpose

World Physiotherapy has produced this guideline to support its policy statement on regulation of the physiotherapy profession. It aims to assist World Physiotherapy member organisations in developing or reviewing systems of regulation including the preparation of legislation such as a Physiotherapy Practice Act. Physiotherapists may be regulated through legislation that includes licensing or registration by the profession, by an external regulatory authority, or in some countries by meeting the membership criteria for the professional organisation.<sup>1</sup> World Physiotherapy recommends a separate Physiotherapy Act, however, if only a Health Professions Act is in place, it should explicitly include the regulation of physiotherapists.

This guideline is of interest to member organisations, regulatory authorities and government ministries. It draws on international models for the professional regulation at both national and sub-national levels. Member organisations may use this guideline to:

- develop a system to regulate the practice of physiotherapy in countries that do not currently have such a system and negotiate with government authorities to establish it
- develop a system of self-regulation for physiotherapists as a responsible and self-governing profession
- draft legislation for professional regulation of physiotherapy and prepare submission before government authorities
- review an existing system of regulation and benchmark against international guidelines and standards
- influence the policies and procedures of related organisations
- discuss with key stakeholders including the education, health and community sectors and governments to reinforce the importance of protecting the public interest with a system of professional regulation that involves responsible self-governance

The guideline may also be of interest in countries where physiotherapy associations do not currently exist and/or where the physiotherapy association is not a member of World Physiotherapy.

World Physiotherapy recognises that the profession in each country will interpret and apply this guideline within existing legislative and regulatory frameworks in that country.

### 1.2 A note about terminology

While recognising diversity of terminology used by member organisations, in this document we use:

- 'regulatory authority' to denote 'legislature/regulatory board or authority';
- 'law' to denote 'law/statute';
- 'licence' to denote 'licence/registration';
- 'register' to denote 'licence/registration/regulation list';
- 'licensure' to denote 'registration/recognition';
- 'licensed' to denote 'registered/recognised'; and

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- 'self-regulation' and 'self-governance' are used interchangeably.

Users of this guideline can substitute these terms with terms that are contextually more appropriate.

## **2 Guideline**

### **2.1 Context**

Regulation of health professionals aims to protect the public. It reduces the risks posed by health professionals to harm physically or psychologically patients, clients, service users and the public. It also reduces the risks of causing the adverse consequences as a result of interacting with health services. While regulation in general contributes to harm prevention, in recent years there is a move towards a regulatory model that promotes professionalism and actively prevents harm.

It is in the public interest for the practice of physiotherapy to be regulated in all countries.<sup>1</sup> Regulatory systems ensure that physiotherapists have been certified as meeting and continuing to meet educational, ethical and practice standards, therefore, protecting the health and safety of the public. Elements that are integral to regulation will also promote trust and confidence in physiotherapy as an accountable profession that serves the public, and has a specialised body of knowledge, professional and ethical standards.

Government legal advisers usually prepare the legislation for regulation of health professions. In that process, they should consult with the profession through its professional association. Additionally, responsibility for administration of the legislation may or may not rest with the profession. Self-regulation is a regulatory model in which the profession administers the legislation. Governments grant the privilege of self-regulation to professions because they trust professionals to be able to act in the public interest, putting aside their self-interest. In this model, government maintains some control over the practice of a profession and the services professionals provide. However, it does not need to have the special professional knowledge and expertise required to regulate a profession directly.

Fundamental to these regulatory mechanisms is the identification of physiotherapy as a responsible self-regulated health profession. This means that the profession of physiotherapy has a governing or regulatory authority that is sanctioned by law. It also means that the profession of physiotherapy entered into an agreement with government to regulate activities of its members by setting prescribed levels of competence.

### **2.2 Scope of regulatory system**

World Physiotherapy aims to improve the quality of global health service delivery by encouraging high standards of physiotherapy education and practice. World Physiotherapy believes that the physiotherapy profession should be based on recognised and valued systems regulating the profession through mechanisms that assure protection of the public interest. This means that physiotherapists are qualified and competent to provide safe care and that they meet appropriate regulatory standards. These mechanisms include responsible self-governance of physiotherapists.<sup>1</sup>

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

The system of professional regulation must focus on the public interest and not on the interests of individual physiotherapists or the physiotherapy as a profession.<sup>2</sup> Regulatory systems should promote trust and confidence in the profession by ensuring that only physiotherapists, who are competent to practise, are able to use the title physiotherapist or physical therapist.<sup>3</sup> Policy statement on regulation identifies key elements that characterise effective regulation. Any system of regulation should:

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1. Protect the public by assuring that qualified physiotherapists meet entry level standards of practice, graduating from education programmes that provide quality education. This includes defining the minimum qualifications required for licensure to practise physiotherapy and establishing processes to assure the competence of applicants seeking licence to practise the profession. This may mean accrediting physiotherapist entry level programmes for in-country applicants. A separate mechanism should be put in place for physiotherapists who are trained outside the country and who wish to practise in the country in which the regulatory body has legal authority. This enables trans-national mobility arrangements whilst maintaining national professional standards and the safety of the public.
  2. Set and monitor standards of continued professional competence required to practise physiotherapy. Establish processes to assure that licensed physiotherapists maintain competences and meet current practice requirements. Common ways to achieve this are logging both formal and informal continuing professional development (CPD) activities and an audit of a reflective CPD portfolio which measures the amount and variety of CPD undertaken and its impact on practice. Some of these are more quantitative (amount of learning) and others more qualitative (quality of learning).
  3. Set and monitor standards of professional ethics and conduct. World Physiotherapy's ethical principles, its policy statement on ethical responsibilities of physiotherapists, and ethical expectations and requirements of World Physiotherapy member organisations, identify a set of core principles that physiotherapists are expected to follow.<sup>4, 5</sup>
  4. Maintain a register of licensed physiotherapists eligible to use the professional titles protected in that country.<sup>3</sup>
  5. Establish processes to deal with non-compliance with the established standards of practice including complaints regarding licensed physiotherapists. Establish processes to deal with the findings of investigations into complaints regarding licensed physiotherapists.
  6. Establish mechanisms to address new or advanced scopes of practice not benchmarked at entry level standards of practice.
  7. Establish mechanisms to modify education and practice during a disaster or pandemic event that have lasting and pervasive impact on the profession.

A system of regulation should safeguard the public by ensuring that the level of regulation is proportionate to the level of risk to the public. This approach to regulation is called a right touch approach.<sup>6</sup> It should balance risk to the public with trust, self-regulation and reliance on the public and other professionals to report poor, unsafe or abusive practice.<sup>7</sup>

### **2.3 Scope of practice**

The scope of physiotherapy practice should reflect the definition in World Physiotherapy's policy statement: description of physiotherapy.<sup>8</sup> The scope of practice should recognise any professional role undertaken by the licensed physiotherapist which draws upon physiotherapy professional knowledge and skills, including roles in education, management and research.

### **2.4 Defining the qualifications required to practise physiotherapy**

There should be a definition or a statement of the requirements for a programme of education or qualification leading to licensure. An authority external to the programme provider should accredit the programme. This may be the regulatory body, the professional association, a Government Ministry, or a separate authority external to the regulatory authority.

See World Physiotherapy's policy statement: education<sup>9</sup> and Physiotherapy education framework.<sup>10</sup>

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## 2.5 Protection of title

Protection of title means that only persons who meet the standards of the relevant regulatory authority are allowed to use the titles physiotherapist or physical therapist. Protection of title includes restriction to use the titles physiotherapist or physical therapist and appropriate abbreviations (eg PT, FT, physio). It also includes restrictions to use the titles in any languages other than English eg fysioterapist, kinesiologist, kinesiotherapie, where they equate to the professional requirements to be recognised as such.

Protection of title may be regulated through a legislated system of licensing by an external regulatory authority or a self-regulatory body.<sup>3</sup>

It is World Physiotherapy policy to use the term “physiotherapy” or “physiotherapist” to cover all these titles, but they may be replaced by member organisations in favour of those terms officially used by them and their members without any change being implied.<sup>3</sup> 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 regulated could use the non-restricted title or abbreviation. The law should also restrict the use of the titles physiotherapist or physical therapist in phrases such as ‘sports physiotherapist’ so the titles physiotherapist or physical therapist are protected regardless of the prefix. Otherwise, legal interpretation may deem those phrases unprotected.

## 2.6 Standards for physiotherapy practice

### 2.6.1 Professional standards

Defined professional standards describe competence, knowledge, skills and personal, social and methodological abilities that a person must meet to be recognised as a physiotherapist by the relevant regulatory authority. These standards define how physiotherapy is practised and represent the national consensus of what physiotherapy is. They should reflect World Physiotherapy’s description of physiotherapy and policy statement on standards of physiotherapy practice.<sup>8, 11</sup>

Professional standards can be re-defined as competences that must be achieved by the graduate physiotherapist in order to obtain the licence to practise. A physiotherapist must maintain these standards in order to remain licensed. Competences are written from a practice point of view. Competence is a proven ability to use knowledge, skills and personal, social and methodological abilities in a practice or study situation and in professional and personal development. A regulatory authority can use competences to admit or maintain a physiotherapist to a specialist part of the professional register.

#### 2.6.1.1 Processes to assure continued competence

In order for there should be defined processes for them to demonstrate that they are maintaining the standards of competence including acquired competence and the ongoing development of new competences to fulfil the requirements of roles. Common processes are requirements for engagement in and reflection on CPD, as well as requirements for evidence of recent practice as a physiotherapist.<sup>9, 10</sup>

#### 2.6.1.2 Processes to deal with complaints and non-compliance with the established standards

It is necessary to define effective processes to deal with individuals who do not comply with standards of practice. Members of the public, physiotherapists, and health practitioners must have a clearly defined mechanism to report adverse situations and complain to the regulatory authority when a licensed physiotherapist 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 identification of non-

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compliant practitioners, investigation of complaints, reporting that is fair to the complainant and the physiotherapist concerned, and resolution including withdrawing the licence for individuals who do not meet minimum standards and pose a threat to public safety.<sup>2</sup>

Many countries have accepted processes and mechanisms that fit in with professional self-governance as well as the broader legal system.

Regulators are increasingly exploring how to take a more proactive role in contributing to harm prevention, rather than using more reactive complaint processes after the alleged harm has occurred.

### **2.6.2 Standards of professional conduct**

There should be defined standards for the conduct of physiotherapists who are licensed by the relevant regulatory authority.<sup>10</sup> 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 are separate from the rest of the professional standards and competences.<sup>4, 5</sup>

## **3 An example of legislation to establish a system for regulation of the physiotherapy profession**

This section is set out as an example of legislation to establish a system for regulation of physiotherapy profession. However, depending of the country context, a system of regulation may also be achieved by including all or part of the content of this section in an organisational governance or policy document.

### **3.1 Preliminary and key provisions of the legislation**

- 3.1.1 Title: The name of the legislation should include the words 'physiotherapy' or 'Physiotherapist(s)', for example "Physiotherapy Practice Act" or "Physiotherapy Regulation Act" or "Physiotherapist Registration Act".
- 3.1.2 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).
- 3.1.3 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 physiotherapists are competent and fit to practise the profession."
- 3.1.4 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 physiotherapy
  - v. the restriction of use of the title "physiotherapist" and the qualifications required to use the title
  - vi. the conditions the physiotherapist 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



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- vii. the frequency with which a physiotherapist must renew licence to use the title physiotherapist and to practise physiotherapy (eg annually, biannually)
  - viii. the mechanisms for assuring the competence of physiotherapists 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 physiotherapist to appeal a decision by the regulatory authority, including the outcome of an application to be recognised as a physiotherapist

### **3.2 Scope of practice, qualifications and experience required**

- 3.2.1 This section states the requirements of the body responsible for regulating physiotherapists (the regulatory authority) to publish the scope of practice for physiotherapists. For more details see [World Physiotherapy website Profile of the global profession](#) with countries where registration is required to practise physiotherapy.
- 3.2.2 Prescribes the required qualifications to be recognised by the regulatory authority as a physiotherapist.
- 3.2.3 Sets out the principles by which the regulatory authority must be guided when prescribing the qualifications needed to be recognised as a physiotherapist (eg only qualifications that the regulatory authority has assessed as providing the knowledge, skills and professional attributes necessary for safe and competent practice).
- 3.2.4 Outlines the other requirements that must be met to use the title physiotherapist and/or practise physiotherapy. These requirements may include providing evidence that the applicant:
  - i. has demonstrated that he or she has the requisite knowledge, skills, professional attributes and cultural sensitivity to practise physiotherapy
  - ii. has demonstrated the ability to communicate in the context of physiotherapy 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 the individual in another country, state or province
  - v. has no health reason that may adversely affect the ability to practise in a manner consistent with the public interest

### **3.3 Process of application for authorisation to practise**

- 3.3.1 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, professional attributes and cultural sensitivity required to practise physiotherapy. For example, the application may require official documents, such as an official transcript from the higher education institution where the physiotherapy qualification was obtained, a professional and character reference, a language proficiency test result and a criminal history check.
- 3.3.2 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).
- 3.3.3 Sets out the guidelines for prompt handling of applications by the regulatory authority.
- 3.3.4 Sets out the process for recommending licensure to the authority.

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- 3.3.5 Details the requirement for the regulatory authority to inform an applicant of a decision to decline an application for licence or alter/place conditions on the licensure (eg limited scope of practice, specific location of practice, limited period of practice, a requirement for supervision).
- 3.3.6 Describes the process for applying any conditions to an applicant's practice (eg practising under supervision while awaiting passage of licensure examination).
- 3.3.7 Details the ability of the applicant to respond to an intention to alter the scope of practice.
- 3.3.8 Details the requirements for the regulatory authority to determine a process of assessment for any physiotherapist who has had conditions placed upon their practice.
- 3.4 Processes relating to issuing of licences**
- 3.4.1 Sets out the period of time for which the issued licence is valid.
- 3.4.2 Sets out the requirement to issue a temporary or limited licence if the applicant is not eligible for a full licence.
- 3.4.3 Sets out, if appropriate, the requirement for the authority to include a condition on the scope of practice on the licence.
- 3.4.4 Sets out what happens if there is a condition on the licence such as a limitation on the scope of practice.
- 3.4.5 Sets out the requirement for surrender of an issued licence.
- 3.5 Requirements for maintenance of competence**
- 3.5.1 Describes the requirements that a licensed physiotherapist must fulfil to maintain competence to practise (eg include a minimum number of hours of continuing professional development over a specified period of registration).
- 3.5.2 Details the power of the regulatory authority to review the competence of any licensed physiotherapist.
- 3.5.3 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.
- 3.5.4 Details the power of the regulatory authority to review records and to take further action if the physiotherapist fails to meet the competency requirements.
- 3.5.5 Describes the regulatory authority's power to require a physiotherapist who has not practised for a while or has surrendered their licensure, or has let it lapse, to demonstrate competence before re-entry to practice.
- 3.5.6 Describes the regulatory authority's power to take action if there is evidence that a physiotherapist is no longer competent to practise (eg by withdrawing a licence or placing conditions on the licence).
- 3.5.7 Describes the process for an individual or authority (eg another physiotherapist or hospital employer) to be informed if there is evidence that a physiotherapist 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 physiotherapist is no longer competent to practise.
- 3.5.8 Describes the confidentiality statement related to the process in this section.
- 3.6 Requirements for a physiotherapist who is unable to practise for health reasons**
- 3.6.1 Describes the requirement for a physiotherapist, employer or other health professional to inform the regulatory authority if the mental or physical wellbeing of the physiotherapist is such that it is likely to affect adversely physiotherapist's ability to practise in a safe and competent manner (eg substance abuse).

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3.6.2 Describes the power of the regulatory authority to take reasonable steps to ensure that the physiotherapist 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 licence).

3.6.3 Describes obligations to ensure that the requirement is not discriminatory against physiotherapists based on a disability or any other grounds.

### **3.7 Processes relating to complaints**

3.7.1 Describes who can refer a complaint or make a report about a physiotherapist to the regulatory authority (eg a member of the public, an employer, another physiotherapist, another health practitioner).

3.7.2 Describes how a complaint about a physiotherapist is to be made (eg in writing).

3.7.3 Describes the process for evaluating and referring a complaint about a physiotherapist.

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

3.7.5 Provides a regulatory authority with the power to take reasonable steps if the continued practice by a physiotherapist is not consistent with the public interest (eg suspending the licence).

### **3.8 The role of a professional conduct committee**

3.8.1 Describes the process for the regulatory authority to establish a professional conduct committee that includes licensed physiotherapists.

3.8.2 Details as appropriate the procedures to:

- i. consider the matter of the complaint or 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 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 physiotherapist is not consistent with the public interest (eg to suspend the licence if there is evidence that continued practice will expose the public to risk of harm)

### **3.9 The role of the disciplinary tribunal**

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

3.9.2 Describes the membership of a disciplinary tribunal (eg stating the minimum and maximum number of members, how many members can be licensed physiotherapists, requirements for membership to include a legal practitioner).

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

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

3.9.5 Describes the processes for notifying the physiotherapist:

- i. that a matter has been referred to the disciplinary tribunal
- ii. of the details of the disciplinary proceedings (eg that a hearing will be in public)

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iii. of the procedures and requirements for responses (eg to be in writing)

3.9.6 Provides the regulatory authority with the power to suspend the physiotherapist's licence or to place conditions on the physiotherapist's practice prior to the hearing if such action is consistent with the public interest.

3.9.7 Describes the processes for:

- i. arranging for special protection for certain witnesses
- ii. providing for name suppression (not realising name or any details that may identify an individual)
- iii. determining the grounds for discipline
- iv. detailing the sanctions to be imposed and how costs are to be recovered

### **3.10 Matters that relate to professional misconduct**

3.10.1 Lists matters that relate to professional misconduct, for example:

- i. malpractice or negligence in relation to the scope of practice;
- ii. practising physiotherapy without a valid licence
- iii. practising outside the scope of practice
- iv. failing to comply with conditions imposed on the licence
- v. conduct that reflects adversely on the physiotherapist's competence to practise
- vi. conduct that has brought, or is likely to bring, discredit to the profession

### **3.11 Options that the disciplinary tribunal may recommend when a physiotherapist is found guilty of professional misconduct**

3.11.1 Lists the options for recommendations to be made by the disciplinary tribunal to the regulatory authority when a physiotherapist is found guilty of professional misconduct. For example:

- i. withdraw the licence
- ii. suspend the licence for a stated time
- iii. impose conditions under which the physiotherapist must practise
- iv. censure the physiotherapist
- v. impose a fine on the physiotherapist
- vi. impose costs on the physiotherapist in relation to the hearing and/or other inquiries (eg the professional conduct committee)
- vii. restore the physiotherapist's licence
- viii. make a recommendation on continued name suppression or public notification

### **3.12 Appeals process for the physiotherapist**

3.12.1 Describes the right of appeal by the physiotherapist.

3.12.2 Describes the grounds for an appeal.

3.12.3 Defines the timeframe within which the appeal must be lodged.

3.12.4 Describes procedures for an appeal.

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### **3.13 Structures and administration of the regulatory authority**

- 3.13.1 Defines the process for the establishment and continuation of a regulatory authority to administer the legislation for the regulating physiotherapy.
- 3.13.2 Describes the membership of a regulatory authority. For example:
  - i. a number of individuals on the board
  - ii. a representation of licensed physiotherapist members
  - iii. members of the lay persons (the total number from the public may be country specific)
  - iv. other qualified members such as another health practitioner or a legal practitioner
- 3.13.3 Describes the procedures for appointment of members of the regulatory authority for physiotherapy (eg by the Minister of Health, after an official notice calling for nominations has been published).
- 3.13.4 Specifies the term of office (eg three years), with the possibility of reappointment.
- 3.13.5 Describes the procedures to appoint a member when a vacancy occurs.
- 3.13.6 Specifies the appointment of a chair or president of the regulatory authority (eg elected from and by the members).
- 3.13.7 Makes provisions for the appointment of the chair in chair's absence.
- 3.13.8 Defines a quorum needed for resolutions.

### **3.14 Other powers of the regulatory authority**

- 3.14.1 Describes the powers and obligations of the regulatory authority in regard to reporting, audit, and requests for information that is in the public interest (eg physiotherapy workforce information, the number of licensed physiotherapists).
- 3.14.2 Requires the regulatory authority to issue an annual report including a financial report for the year.
- 3.14.3 Describes the power of the regulatory authority to charge fees.\*

### **3.15 Necessary administrative matters**

- 3.15.1 Describes the processes necessary to keep and maintain a register of licensed physiotherapists and to specify the information contained in the register (eg name and licence status). The authority responsible for maintaining the register must keep it up to date in regard to entries, changes, change of status as a result of a sanction imposed by the disciplinary tribunal and a directive received from the physiotherapist.
- 3.15.2 Indicates whether the register is open to the public to access and others to inspect (eg via a web link or by direct communication with the authority).
- 3.15.3 Details the steps to be taken by a physiotherapist to inform the authority of any change of name or address or to withdraw their licence and remove their name from the register.
- 3.15.4 Describes the power of the authority, on receipt of an official death certificate, to remove the name of a physiotherapist from the register.

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\* 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.

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### **3.16 Delegated responsibility of the physiotherapy regulatory authority**

3.16.1 Describes the power of the regulatory authority to appoint a registrar to implement the regulatory authority's decisions and comply with directions of the authority and the disciplinary tribunal.

### **3.17 Miscellaneous provisions for amendments, repeals and transitional arrangements**

3.17.1 Details various sections that may be common with other legislation (eg medicine, nursing, occupational therapy legislation) about compliance and reporting procedures. For example, the requirements for publication of findings of a disciplinary tribunal.

3.17.2 Provides any appropriate references to other legislation pertaining to physiotherapists (eg privacy legislation).

3.17.3 Describes the process for transition where regulation is already in place (eg if a complaint against a physiotherapist was made during the time the old or previous regulation was in place, the matter would be dealt with under the previous system).

3.17.4 Includes schedule(s) for implementing new legislation that has been enacted or revisions that are to be appended to existing legislation (eg general proceedings for the board and the disciplinary tribunal, administration matters, other legislation that may be amended and/or revoked because of the current legislation being enacted).

Provides guidance for virtual hearings (eg guidance on how to make the decision on whether a physical or virtual hearing is held; how to preserve integrity and fairness of the virtual hearing process and ensure safety of individuals involved, protection of privacy, and public access; considerations should be given to the impact of virtual hearing on vulnerable individuals, and whether individuals involved have access to technology).

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

**Act**

**Benchmark**

**Client**

**Codes of practice/conduct**

**Competence**

**Condition**

**Continued competence**

**Continuing professional development (CPD)**

**Disciplinary panel/tribunal**

**Informed consent**

**Law/statute**

**Lay person**

**Legislature/regulatory board/authority**

**License/registration**

**Patient**

**Prescribe (regulation)**

**Professional conduct committee**

**Protection of title**

**Regulated profession**

**Regulation see regulation of the profession**

**Regulation of the profession**

**Regulation authority**

**Scope of practice**

**Service user**

**Self-governance and self-regulation see under regulation of the profession**

**Standards of practice**

**Statute**

<b>Publication, review and related policy information</b>	
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<b>Related policies and resources:</b>	<p>Policy statements:</p> <ul style="list-style-type: none"> <li>• Description of physical therapy</li> <li>• Education</li> <li>• Ethical principles</li> <li>• Ethical responsibilities of physical therapists and WCPT member organisations</li> <li>• Protection of title</li> <li>• Reciprocity – mutual recognition</li> <li>• Regulation of the physical therapy profession</li> <li>• Standards of physical therapist practice</li> </ul> <p>Guidelines:</p> <ul style="list-style-type: none"> <li>• Guideline for standards of physiotherapy practice</li> </ul> <p>Physiotherapist education framework</p>



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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 to regulate the profession of physiotherapy within a given country. The following examples of resources and websites from countries with a Practice Act or established regulation in place will provide detail for each of the areas outlined in this paper.

### **Australia**

- Australian Health Practitioner Regulation Agency <http://www.ahpra.gov.au/>
- Physiotherapy National Board <http://www.physiotherapyboard.gov.au/>
- Legislation <http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx>
- Australian Physiotherapy Council <http://www.physiocouncil.com.au/>

### **Bangladesh**

- Bangladesh Physiotherapy Association, BPA Practice Guideline [https://bpa-bd.org/BPA\\_Practice\\_Guideline.pdf](https://bpa-bd.org/BPA_Practice_Guideline.pdf)
- Bangladesh Rehabilitation Council Act (Bangla) [https://www.bpa-bd.org/Bangladesh\\_Rehabilitation\\_Council\\_Act\\_2018.pdf](https://www.bpa-bd.org/Bangladesh_Rehabilitation_Council_Act_2018.pdf)

### **Canada**

- Ontario Physiotherapy Act (1991) [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91p37\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91p37_e.htm)
- Nova Scotia Physiotherapy Act (1998) <https://nslegislature.ca/sites/default/files/legc/statutes/physiotherapy.pdf>
- Manitoba Physiotherapy Act/Loi sur les Physiothérapeutes (1999) (English/French) [http://web2.gov.mb.ca/laws/statutes/ccsm/\\_pdf.php?cap=p65](http://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=p65)
- Canadian Alliance of Physiotherapy Regulators <http://www.alliancept.org/>

### **Colombia**

- Asociación Colombiana de Fisioterapia <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/TH/Perfil-profesional-competencias-Fisioterapeuta-Colombia.pdf>
- LEY 528 DE 1999 El ejercicio de la profesión de fisioterapia, se dictan normas en materia de ética profesional y otras disposiciones. (Spanish) <file:///H:/Downloads/Ley%20528%20de%201999.pdf>

### **Croatia**

- Zakon on fizioterapeutske djelatnosti (Croatian) [https://narodne-novine.nn.hr/clanci/sluzbeni/2008\\_10\\_120\\_3437.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2008_10_120_3437.html)

### **New Zealand**

- Physiotherapy Board of New Zealand <http://www.physioboard.org.nz/>
- Physiotherapy Board of New Zealand Scope of Practice <http://www.physioboard.org.nz/index.php?ThePracticeofPhysiotherapy>
- Health Practitioners Competence Assurance Act 2003 (HPCAA) <http://www.moh.govt.nz/hpcaa>

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## **Poland**

- Act on the Profession of Physiotherapy <https://kif.info.pl/act-profession-physiotherapy/>

## **South Africa**

- Health Professions Council of South Africa <https://www.hpcsa.co.za/>
- Health Professions Act 56 of 1974  
[https://www.hpcsa.co.za/Uploads/Legal/legislation/health\\_professions\\_ct\\_56\\_1974.pdf](https://www.hpcsa.co.za/Uploads/Legal/legislation/health_professions_ct_56_1974.pdf)

## **UK**

- Health and Care Professions Council <https://www.hcpc-uk.org/>
- Consolidated Health Professions Order 2001 <https://www.hcpc-uk.org/resources/legislation/orders/consolidated-health-professions-order-2001/>
- Chartered Society of Physiotherapy (CSP) Scope of Practice <http://www.csp.org.uk/professional-union/professionalism/scope-practice>

## **USA**

- Federation of State Boards of Physical Therapy (FSBPT) <https://www.fsbpt.org/>
- [FSBT Link to all State Physical Therapy Boards](https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information) <https://www.fsbpt.org/Free-Resources/Licensing-Authorities-Contact-Information>
- The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change (MPA) <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Model-Practice-Act>
- Changes in Healthcare Professions Scope of Practice: Legislative Considerations <http://nacns.org/wp-content/uploads/2016/11/3A-NCSBNsChanges.pdf>

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