



INPTRA Network News Special Edition: Responding to COVID-19

Select Stories from Physiotherapy Regulators across the Globe

***International Network of Physiotherapy Regulatory Authorities
Pursuing Excellence in Regulation***

Korean Physical Therapy Association

Wootae Lim, Chair, International Affairs Committee

According to the regulations pertaining to clinical education in the “Guidelines for the physical therapist entry level education” provided by the Korean Accreditation Board of Physical Therapy Education (KABPTE), PT students are required to complete at least 640 hours (sixteen weeks) of clinical experience. This must be conducted in a range of clinical settings, with no exceptions specified.

Presently, clinical education in clinical settings in Korea is suspended due to the spread of COVID-19, and it is difficult to predict when it may resume, considering the circumstances. For this reason, the KABPTE is planning to convene a steering committee meeting to discuss whether exceptions for clinical education, such as online education, would be allowed amid uncontrollable situations such as natural disasters and pandemics.

For instance, colleges in Korea are currently contemplating the implementation of online education (via real-time connection to the hospital) or school-based clinical education if the COVID-19 outbreak cannot be brought under control in the near future. Further, they have recognized the need for online clinical training contents and are considering producing clinical educational contents for the core skills (examination, evaluation, intervention) in the specialty area of physical therapy.

Physiotherapy Alberta - College+Association

Leanne Loranger, Manager, Policy + Practice

Responding to COVID-19 – Registrant Communications in a Time of Crisis

In my role with Physiotherapy Alberta I help to generate the policy and practice-related content that we share with our registrants as part of our routine communications. Usually the role involves a predictable pattern. We develop and publish resources to support physiotherapy practice that is consistent with the Standards of Practice, write monthly articles discussing common questions we receive from registrants, and generate blogs targeted to the public discussing a wide range of topics. Occasionally the topics covered shift as new resources are generated, new issues arise, and as others are delayed or fall into obscurity, but typically the resources are planned and the communications calendar mapped out months in advance with considerable time to plan key messages and review relevant information to inform these articles.

Enter COVID-19

Like other organizations, Physiotherapy Alberta’s usual operations have been significantly impacted by the COVID-19 pandemic. With this article I was asked to talk about our experience with COVID-19 and the lessons learned along the way.

Alberta COVID-19 Timeline

March 5, 2020	The first case of COVID-19 in Alberta is reported.
March 27, 2020	The Government of Alberta (GOA) orders that all businesses offering non-essential/non-urgent in-person health services close.
April 30, 2020	The GOA announces the strategy to re-open the economy.
May 4, 2020	Regulated health professionals are allowed to resume non-essential, non-urgent health services, provided their regulatory Colleges have guidance in place and provided registrants adhere to that guidance and GOA directions.

Prior to the announcement of the first COVID-19 case in Alberta at the start of March, Physiotherapy Alberta staff had watched with concern as the outbreak spread around the world and observed how other jurisdictions managed their respective outbreaks, not entirely sure how our own local government would respond or how severe the situation in Alberta would become.

Within eleven days of the announcement of that first case, the situation in Alberta had changed significantly and Physiotherapy Alberta’s typically planned and scheduled communications were replaced by an often hurried and at times imperfect set of crisis communications.

March 16

Physiotherapy Alberta’s first targeted communication to registrants, [Good Practice in a Time of Pandemic](#), provided links to provincial and federal government resources, information about cleaning and disinfecting clinical settings, recommendations for managing patient care (such as cancelling group classes and screening patients before they attended their appointments), telerehabilitation, and more. At the time of publication, anxiety over COVID-19 and the possible implications for business and society at large was increasing. The day before publication, the Chief Medical Officer of Health (CMOH) had announced the plan to cancel school indefinitely and restrictions were in place on mass gatherings; however, there were no restrictions limiting physiotherapist practice at that time.

Lesson Learned:

- Say something! In talking to colleagues from other jurisdictions one thing we have all noted is that registrants are looking for guidance and help. At this point in the pandemic, many were at a loss for how to manage the situation, while others were simply seeking reassurance that they were doing the right things. They were concerned about their health and safety and the health and safety of their patients, and they wanted to make sure they didn't break any rules—especially as it seemed like new rules were being written every day.

In the face of such anxiety virtually anything you say will be criticized and that was certainly true for us. The raging question we faced, virtually from the moment of publication was “why isn't Physiotherapy Alberta requiring clinics close?”

March 18

The next update we published saw us answering that criticism, reminding registrants of their right to close their businesses or suspend services if they chose and highlighting our jurisdiction, or rather lack thereof, to mandate a closure of physiotherapy businesses without an order from the GOA.

In this publication we also reiterated directions on preventive measures to use to limit the spread of COVID-19, reiterated our support of telerehabilitation as an option for service provision, and discussed the implications that a long-term closure of physiotherapy practices could have for patients.

Lesson Learned:

- Regulators know their mandate and the limits of their legislative authority. Registrants do not. Even after it is explained, many will not understand or will question the correctness of those limits. Interestingly, it was often the same people who would have told us to ‘go fly a kite’ when exerting our legislated authority before the pandemic who were demanding we exceed those limits.
- You won't make everyone happy. If you have people telling you you're doing too much while others are saying you've done too little, you likely have made the correct choice.

March 18-26

In the interval between March 18 and March 27, the situation in Alberta worsened with increasing case counts and emerging evidence of community transmission of COVID-19. Physiotherapy Alberta's communications during this time period focused on describing essential physiotherapy services and discussing the need to limit non-essential services. We commented on the importance of conducting a risk-benefit analysis and only providing in-person services when the benefits outweighed the risks. We also promoted the use telerehabilitation as an alternate to in-person services, reminding registrants of existing resources related to telerehabilitation, and discussing regulatory considerations.

March 27

Then, on March 27, the GOA announced new restrictions on businesses that provide close contact personal services, including non-emergency, non-critical health services. The restrictions applied to private PT businesses not to publicly provided hospital or home care services, and they meant that the only in-person physiotherapy services that could be provided in these settings were those categorized as urgent or emergency.

Although we had previously encouraged members to limit in-person care to essential services only, the new restrictions put in place through orders from the Chief Medical Officer of Health (CMOH) meant that it was no longer a suggestion, it was mandatory.

Frustratingly, although regulators had some indication that this may occur, the GOA had not notified us of the plan to put this restriction in place, late on a Friday afternoon, effective immediately.

That afternoon a message was sent to all registrants informing them of the CMOH order, advising them to defer in-person services scheduled for March 28/29 to give us time to review the order and seek clarification of how it affected physiotherapy practice. At that point our focus was on our registrants working in private physiotherapy clinics and similar private businesses, but the message, sent to all registrants, led a few hospital-based physiotherapists to question if the rules applied to their regularly scheduled weekend shifts.

Lesson Learned:

- Remember your audience and be specific in your messaging. If you send a message to all registrants, it needs to speak to all registrants. If the information is only relevant to one subset of members, then only send it to them.

In this case, the message was important information for all registrants, however its application and implications differed depending on the sector they worked in. More detailed direction regarding deferring services and which sectors the CMOH order applied to would have led to less confusion.

March 29

With that lesson top of mind, we worked frantically to have direction in place and communicated to registrants before the evening of March 29, explaining how the order restricting in-person services applied across sectors. With the essential services description that we had previously published in mind and the CMOH order in hand, we crafted direction to our registrants on a sector by sector basis, detailing when services would be considered urgent in each. Despite providing what we thought was clear direction, we were inundated with calls from registrants during the following weeks. Some wanted to advocate for looser restrictions, while others wanted to confirm if a particular patient scenario did or did not constitute urgent services.

Lessons Learned:

- In this type of situation, registrants are likely to be watching the same news conferences that you are. If you do not get advance warning from your government ministries, you will be scrambling to respond. There may not be much you can do about that. Expect it to happen. Be willing to say, 'we know about it and are assessing the situation' and tell them when they can expect direction.
- Registrants want to know "what does this mean for me?" Answer that question.
- "Skate to where the puck is going, not where it is." (Yes, that's a hockey reference; yes, I'm Canadian; yes, I'm really missing playoff hockey.) To translate, we ended up scrambling because we hadn't fully anticipated the government's next move. We were watching the puck, not where it was going to be *next*.

April 30

That last lesson proved to be a big one. In mid-April, Physiotherapy Alberta's Registrar commented that we needed to start thinking about what re-opening might look like for physiotherapy businesses. At about the same time, a colleague from the College of Physiotherapists of British Columbia reached out as she had been tasked with the same thing. Over the span of a week we worked to generate a [guidance document](#) about re-opening and were able to refine it as new information arose. The end result was that when the GOA announced plans to re-open the economy, with physiotherapy businesses and other health professionals able to resume non-urgent services as early as May 4 provided their regulator had guidance in place, Physiotherapy Alberta and our registrants were in a good position.

Conclusion

We are now in Phase 1 of the re-opening plan for Alberta. There have certainly been some bumps along the way, and more ups and downs are anticipated. One of the things we are watching closely are regional differences in case numbers within the province and how the GOA is dealing with those differences. The CMOH has made it clear that different restrictions may be put in place for different regions of the province depending on local case counts and hospitalization rates. We are clearly not out of the woods.

Looking to the future, here are some of the messages that we continue to share with registrants:

- **The CMOH and GOA orders and restrictions are subject to change.**
We are highlighting that this is a fluid situation, registrants need to be aware of changes both locally and provincially and need to understand that they may be ordered to restrict their business activities again in the future.
- **We respect the authority of the CMOH and defer to local public health and infection prevention and control experts on these topics.**
We have had a few registrants ask us to weigh in on topics that are out of scope for a regulator and for which we do not have the expertise to comment on. You may also have this experience. Don't take the bait!
Deferring to the CMOH and the GOA also means that they bear both authority and responsibility for decisions that restrict practice. The message that we receive our mandate and jurisdiction from the GOA is one that registrants need to hear, and one that they may not have attended to before.
- **There may be differences between regions of the province and there are certainly differences between provinces in terms of what is allowed or restricted and the recommendations and requirements for safe practice, and that's Okay.**
While good physiotherapy practice should be substantively similar across provinces, differences in local context drives some variations. While different directions can lead to confusion, the bottom line is that the rules and directions in place locally are the ones that need to be followed. I am amazed by the many comments received in recent weeks detailing what physiotherapists in neighbouring provinces, or what registrants of other regulated health professions within Alberta are perceived to be allowed to do. Sharing information and aligning messages with physiotherapy regulators from other jurisdictions and from other regulatory organizations within your own jurisdiction, whenever possible, is a useful exercise. Knowing what others are saying, even when it does differ can help to prepare for inevitable questions about those differences.

You can find all of our current communications referred to in this article and more on the COVID-19 section of Physiotherapy Alberta's [website](#).

Physiotherapy Board of New Zealand

Janice Mueller, Chairperson

Jeanette Woltman-Black, Chief Executive

Our COVID-19 journey started as we watched in horror the international spread of this deadly virus. It was like waiting for the inevitable arrival to our shores which it did. Our government took a very strong and focused approach with an Alert Level system implemented, including strict border controls with a compassionate response for those wishing to return home. It was a "go hard and go fast" approach.

New words rapidly entered our vocabulary like *National alert system, bubbles, lockdown, self-isolation* and *social distancing*. PPE became a household item and grocery shopping took on a whole

new meaning. The communication of what was in place, when and how that was to be done was extremely clear and there would be very few who managed to miss the key messages. The Police worked alongside our Prime Minister and Director General of Health. Initial public health responses were followed quickly with a range of Government financial packages.

March 25, 2020 marked the first national lockdown in our history. While New Zealand can appear a little sleepy to our international visitors—we all went and stayed indoors, and New Zealand pushed the pause button.

From a regulatory perspective, our Board office closed on March 20, 2020. The Board had a Business Interruption Plan in place, and this was activated. The staff are well drilled in exiting the building and working remotely due to earthquakes, so this was completed within hours.

We had multiple primary regulatory areas of foci:

Provision of Timely Guidance to the Profession

What Alert Level 4 (lockdown) meant for physiotherapy practice. The hospitals have Pandemic Plans in place so the focus for the Board was on physiotherapists working in primary care practices. The Ministry of Health issued high level guidance. We worked closely with the professional association and the Ministry of Health to develop more detailed guidance and requirements and disseminated this quickly. Likewise, we have issued Level 3 guidance that commenced on April 28, 2020, after thirty-three days as a country at Level 4 lockdown.

We also aimed for a high degree of consistency across the Allied Health professions where appropriate. The Board willingly shared their guidance with other regulatory authorities, and while our [Telehealth Standard](#) facilitated a timely uptake from both a professional practice and funding perspective, actual patient numbers receiving telehealth appear to be small at this stage.

Ensuring as Many Physiotherapists could Practice as Possible

The timing was interesting as this coincided with the annual practicing certificate renewal. Our primary goal was to ensure as many physiotherapists that were able to practice had an APC [annual practicing certificate] issued. We removed some potential financial barriers by waiving the Late APC Fee and Return to Practice Application Fee and put in place payment by instalment for APC's. The uptake of this was positive.

Assisting with Potential and Unknown Workforce Pressures

We established a voluntary “register” for physiotherapists with a current APC (with no conditions or concerns) who had capacity to work. This “register” was provided to the Ministry of Health, which was coordinating health workforce placements nationally into areas as required, whether it was in a hospital or community testing/contact tracing roles. We had a huge response to this.

Log Face-to-Face Contacts under Alert Levels 4 and 3

The guidance was very clear that consultations needed to be virtual and there were, and still are (under Level 3), only a small number of situations where a face-to-face consultation outside of a hospital setting should occur. We entered into an agreement with the police whereby a physiotherapist could electronically log a face-to-face consultation with the Board, and we emailed a confirmation of their registration to them. This was able to be provided to the police in the event of the physiotherapist being stopped in their vehicle whilst travelling to attend to a patient.

Timely and Compassionate Communication

Our communications have and continue to be one of acknowledgement of the situation and the pressures placed on the profession. Our messages are kind, supportive, informative, and personable. Our communications are via the Board website and directly to all physiotherapists by email, along

with video messages as appropriate. There was an overload of information coming at us, so we kept our initial communications short and focused and moved to a comprehensive summary style.

We set up a closed Facebook account for the “physiotherapy community” to connect with each other in a supportive way. This has had a huge uptake with approximately 20 percent (and growing) of all physiotherapists being members and is serving its purpose well. We post messages from the Board there also.

Timely direct contact via phone and email with physiotherapists has been a large part of our days. We are totally committed to listening, assisting with guidance, and answering questions along with a significant amount of pastoral care. We have and continue to provide links to sites for mental health, business guidance, and appropriate courses related to the care of patients with COVID-19.

Feedback has and continues to be very positive on our communications.

Recertification Audit

The Board audits approximately 5 percent of practicing physiotherapists as a part of the recertification programme. The audit this year was cancelled in consideration of the increased pressures on the profession.

Students and Clinical Placements

The priority for the universities was to ensure the safety of their students and staff. They moved quickly to online learning options and have been supporting their students during this time. Plans have been developed for making up clinical hours and these will be implemented. There were thoughts by the Ministry of Health to identify students as *Essential Workers*. The focus was on fourth year students; however, given the timing of their clinical placements and no imminent physiotherapy workforce pressure—this was not progressed.

In Summary

We have learned a lot about the profession and our capacity to be flexible, be nimble, and do things that we have never done before. Having a Telehealth Standard in place was a bonus as it enabled timely movement to virtual consultations. Being kind, listening, and acknowledging the massive sacrifices of physiotherapists has been key, along with doing whatever we can to assist.

Federation of State Boards of Physical Therapy

Christine Sousa, Managing Director of Exam Services

In the United States, COVID-19 is affecting every sector of our community, including FSBPT meetings, National Physical Therapy Exam testing, and regulatory issues. FSBPT had unprecedented disruptions for the April exams. FSBPT has cancelled, postponed, or moved online multiple membership and volunteer meetings. Additionally, US state boards and individual licensees have new questions and needs related to the pandemic.

To respond to this evolving situation, we have created multiple new resources and upped our communications via multiple channels: emails, our website, social media, and webinars. We continually update our [COVID-19 website](#) pages to give stakeholders, members, volunteers, and candidates the information and resources they need.

Philippine Board of Physical Therapy and Occupational Therapy Professional Regulation Commission

Bernadette M. Reyes, RPT, MHA

To keep the gains of the sixty day stay-at-home lockdown, the Philippine government ordered the extension of modified community quarantine for June. As of late May, mass gatherings are still not allowed. In this light, the Board of Physical Therapy submitted key recommendations to the Professional Regulation Commission:

- Postponement of the August Licensure Examination until the state of health emergency is lifted
- Deferment of Peer Review of examination items and encoding
- Resetting of monitoring visits to schools and clinical facilities

Additionally, still in relation to the crisis, the Board's recent activities included the following actions:

- Collaboration with the Commission on Higher Education and Academe on finding alternative ways of instructional delivery in lieu of the suspended Clinical Internship programs
- Coordination with the Philippine Physical Therapy Association in softening the impact of unemployment for a huge number of professionals. Because of the fear of infection, patients postpone treatments in clinics and at home forcing facilities to limit operation or close down.

Despite the challenges of restricted movement, the Board, using video conferencing, continues its other functions:

- Implementation of the Continuing Professional Development (CPD) program
- Creation of a Career Progression and Specialization Program
- Amendment of the Professional Regulatory Law
- Administrative responsibilities

Physiotherapy Board of Australia

Kim Gibson, Chair

The Physiotherapy Board of Australia (the Board) has worked continuously to modify its regulatory approach to support the profession through the COVID-19 pandemic, while maintaining patient safety.

Another significant development is the inclusion of physiotherapy among a small number of priority health professions on the [pandemic sub-register](#).

The pandemic sub-register was launched early April following a request from Australia's Health Ministers to enable more health practitioners to quickly return to practice, with none of the usual requirements to fill in forms, pay fees, or meet the usual return-to-practice requirements.

The sub-register enables the Australian Health Practitioner Regulation Agency (Ahpra) to fast track the temporary return to the workforce of experienced and qualified health practitioners, to surge the health workforce and meet anticipated demand.

On April 20, 2020, physiotherapists who have held registration in the past three years were added to the sub-register and those with capacity to help were encouraged to return to practice.

As of April 21, 2020, there were 1,900 physiotherapists among the 35,370 doctors, nurses, midwives, pharmacists, diagnostic radiographers, physiotherapists, and psychologists on the [pandemic response sub-register](#). The register operates on an opt-out basis with no obligation to practise or remain on it.

Public safety is paramount so ensuring practitioners meet their obligations is a key focus of the Board. Practitioners who choose to stay on the pandemic sub-register must comply with the code of conduct and professional indemnity insurance requirements and they can only work within their scope of practice. After a period (twelve months or less, when the pandemic subsides), they will be removed from the sub-register. If they wish to return to the workforce, they will be able to apply for ongoing registration through the standard process.

Telehealth is emerging as an important change to patient care during the COVID-19 pandemic with many practitioners offering phone or online consultations to support their patients. The overall feedback has been positive, and it will be interesting to see how big of a role telehealth plays after the pandemic.

A great resource for practitioners is Ahpra's [Taking care](#) podcast, which delves into the changing health landscape from a practitioner perspective.

The pandemic has brought exceptional challenges for health professionals, with many practitioners facing increasing daily pressure and for some, new anxiety. Concerns for safety and the stress of an increased workload are common among those working on the frontlines of the pandemic. For others, social distancing requirements have meant a significant downturn in work or students being unable to complete their studies to graduate. Self-care is incredibly important, and we encourage all practitioners to look after themselves and seek support when they need it.

More Information

For more information the Board's activities, please visit www.physiotherapyboard.gov.au. Visit the COVID-19 information page for updates relevant to all health professions under the National Scheme: <https://www.ahpra.gov.au/News/COVID-19.aspx>.

Health & Care Professions Council

Katherine Timms, Head of Policy and Standards

Our biggest challenge in responding to the COVID pandemic was the speed with which we needed to act. The legislation underpinning regulation in the United Kingdom is out-dated and doesn't support an agile, flexible approach! That said, we've managed to overcome most, if not all, of the challenges we've faced during this difficult time, and so I think our biggest learning point in all of this is that barriers we see can sometimes be an illusion!

Our first challenge was moving our workforce from our offices to home-working. With a workforce of around 250, this was not an easy task! Our IT department worked around the clock to get new servers up and running, and we re-deployed work laptops where individuals could not use their own. Ongoing, wellbeing has been a challenge; with many employees not set up at home to work comfortably, and others struggling with isolation. We've used Microsoft Teams to share good practices and top tips; getting employees to take regular breaks and hold virtual catch-ups. We've also faced challenges with accepting post, and signed documentation, and so have had to mobilise electronic documentation quickly and effectively.

With our ability to continue working sorted, we had to quickly turn our attention to urgent regulatory matters. The UK Government gave us a week to set up a temporary register of final year students and former registrants. Navigating the balance between public protection and public protection became our key focus! Making sure we weren't a barrier to increasing the health care workforce to meet demand, versus ensuring those coming back to practice weren't a risk, was a fine line. We relied on our existing frameworks to ensure those we brought in to practice would be safe; and we tailored our fitness to practise processes to ensure they could be swiftly removed if there were any concerns raised.

Our physiotherapists are navigating challenging times, and so we then moved our focus to providing a suite of resources to support them in meeting the standards during the COVID-19 pandemic. We mobilised our teams to act fast, and deliver a more empathetic approach to the delivery of guidance and information.

Across all of this work we've seen an increase in the volume of enquiries we've received and have therefore had to implement weekend working to ensure responses are received within a reasonable timeframe.

Finally, in acknowledging the pressures our registrants are facing, we have paused some of our process; such as audits of CPD [Continuing Professional Development] profiles.

In Summary, we have taken the following actions:

- Created a [COVID-19 hub](#) that contains detailed guidance and advice
- Provided guidance on [how to apply our standards at this time](#), particularly on issues where registrants were concerned, for example PPE
- Recognised the context in which registrants are operating should a [concern be raised about their fitness to practise](#)
- Cancelled the CPD audits for physiotherapists, arts therapists, dietitians, chiropractors/podiatrists and hearing aid dispensers
- Focused on registrant health and wellbeing, by creating a [Your health and wellbeing](#) section in COVID-19 hub and running a wellbeing campaign [#HCPCWellbeingTips](#) on our social media feeds
- Continued with our approval visits for new education programmes, to date twenty-seven virtual visits have been set up between now and June
- Prioritised high risk ftp cases, by postponing substantive final hearings and holding virtual Investigating Committee Panels as necessary
- Accepted UK and readmission applications by email, as well as those renewing who are unable to access the online portal and continued to manage postal applications
- Had weekend shifts, including over the Easter weekend, to ensure we respond to email queries as quickly as possible