INPTRA Statement on COVID-19 Pandemic
The International Network of Physiotherapy Regulatory Authorities (INPTRA) wishes to express support for the many efforts undertaken by its member organizations and staff to enable physiotherapy professionals to deliver care during the COVID-19 pandemic. INPTRA encourages all physiotherapists to stay up-to-date with recommendations and protocols established by the World Health Organization and by national and local agencies to keep themselves and their clients safe and healthy. INPTRA supports flexibility in regulation where possible, but public safety continues to be our overriding priority.

INPTRA is aware that many of our member organizations are committed to making significant efforts in response to the emerging issues, including providing access to information about physiotherapists’ education, training, credentials, qualifications, licensure, and disciplinary history. INPTRA is committed to coordinating with its member organizations and with international, national, and local agencies, as well as other stakeholders representing physiotherapy regulatory authorities, to play our part in ensuring the deployment of a safe and qualified physiotherapy workforce to hospitals and other entities where they are most needed and available.

As regulators, we share a common duty during this public health crisis to do what we can to enable access to safe and competent physiotherapists (See: Guiding Principles on Physiotherapy Regulation). In response to the challenges of this extraordinary and rapidly changing environment, INPTRA encourages its member organizations to provide regular communications to their stakeholders regarding the application of existing and developing regulatory standards, codes, and guidelines to enable appropriate access to competent physiotherapists and safe and effective physiotherapy care.

We recommend our member organizations and their staff heed World Health Organization, national government, and local government public health guidance. Therefore, as appropriate, regulatory authorities may need to consider remote working solutions (working from home, separating teams in different locations, etc.) and other important strategies to conform with public health guidance while ensuring vital information and services continue to be provided. The INPTRA/WCPT Digital Practice White Paper and survey may be a helpful resource for regulators and physiotherapists. INPTRA remains committed to enhancing public health, as well as ensuring public protection and patient safety. We will continue to explore ways to support our members as they respond to this evolving international situation.

WEBCAST: Performance Measurement of Regulatory Bodies: The Ontario Experience

Wednesday, April 15, at 4:00 p.m. EDT

How do we know health profession regulators are doing a good job? Regulators around the world are increasingly challenged to show proof of their effectiveness to the public and government. Meaningful, quantitative key performance indicators are often just out of reach for many of the complex realities of regulation. In Ontario, Canada, a performance measurement system has been developed with active engagement by the twenty-six health regulatory Colleges. This presentation will explore critical success factors in developing a provincial system, the performance measurement framework content, and early methods for implementation.

Speaker: Daniel Faulkner, Regulatory Consultant, Chair of the Ontario Working Group to develop College Performance Measurement Framework; former Deputy Registrar of the
College of Physicians and Surgeons of Ontario, twenty-five years of regulatory experience.

To join this webcast on Wednesday, April 15, 2020, at 4:00 p.m. EDT use the following meeting information:

- **Meeting number:** 621 197 577
- **Meeting password:** Meeting1
- **Audio Connection:** Access code 621 197 577
  - 1-877-668-4490 Call-in toll-free number (US/Canada)
  - 1-408-792-6300 Call-in toll number (US/Canada)
  - Global call-in numbers
  - Show toll-free dialing restrictions

If you cannot join the live session, look for an email from INPTRA announcing that the webcast has been posted to the INPTRA website!

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**INPTRA Membership Survey**

A big thank you to all who completed the INPTRA Membership survey. The INPTRA Board of Directors thoroughly reviewed and considered the responses from the survey during their recent face-to-face board meeting.

[Read the Membership Survey Report]

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**Digital Practice White Paper**

The World Confederation for Physical Therapy (WCPT) and the International Network of Physiotherapy Regulatory Authorities (INPTRA) established a joint Digital Physical Therapy Practice Task Force to develop a white paper addressing physical therapy practice and regulation in the digital age.

We created a survey to obtain feedback from practitioners and regulators across the globe. The full survey results can be found here.

This white paper is an initial look at international digital practice and proposes a definition and purpose for digital physical therapy practice while exploring benefits, current limitations, regulatory concerns, guidelines, and considerations for educational programs.

If you have any questions please email us at info@INPTRA.org.

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**The Korean Accreditation Board of Physical Therapy Education and the Top Issues Facing Korea**

Organized under the Korea Physical Therapy Association (KPTA), the Korean Accreditation Board of Physical Therapy Education (KABPTE) consists of fifteen members including the Chairperson.
The Chairperson of KABPTE is appointed by the President of KPTA, while fourteen members are selected by the Chairperson to help the institution maintain independence. KABPTE has secured credibility and public character by introducing a democratic and open decision-making process through its internal rules.

In Korea, formal physical therapy education began in colleges in 1963. Currently, education is provided through two curricula including three-year and four-year programs. KABPTE was established based on the project “Standardization of Physical Therapy Education,” which was launched in 2010 to unify the two curricula into a four-year curriculum. Since then, the certification criteria have continuously been developed for years.

In 2016, KABPTE announced the certification criteria for physical therapy education and started a monitoring project for the certification. As of 2019, the institution had carried out monitoring for a total of six universities for four years.

The certification criteria for the Korean physical therapy education are composed of sixteen items and thirty-three sub-items based on the following six subjects: (1) Vision and Operation System; (2) Curriculum; (3) Students; (4) Faculty members; (5) Facilities and Equipment; and (6) Educational Outcomes.

KABPTE is in the process of being recognized as an official organization by the Korean government through which it intends to undertake legally binding evaluation projects. In addition, the institution is striving to improve the quality of physical therapy through “the four-year curriculum unification” and “the standardization of education and clinical practice.” If you have faced similar issues, please send relevant information to KABPTE. Your contribution will be much appreciated.

In addition to the four-year curriculum unification, Korea is facing a few other issues described below:

Physical Therapy Practice Act
In Korea, physical therapists are defined per the Allied Health Professions Act. Eight types of health professionals are included in one law, and per this law, physical therapy must be performed under the guidance of a physician. There are currently efforts to enact the Physical Therapy Practice Act for physical therapists in Korea. It would be substantially helpful to know cases of other countries that have an independent law for physical therapy practice.

Home Health Care
In Korea, it is institutionally impossible for a physical therapist to perform physical therapy at a patient’s home. We want to know whether there are countries that allow this, and, if so, the specific laws that permit it and the permitted scope of physical therapy service.

We believe that there are countries that had or have similar problems. By sharing data and cooperating, we will be able to make advances in physical therapy.

Primary Contact: Wootaek Lim, wootaeklimpt@gmail.com (Chair, International Affairs Committee, Korean Physical Therapy Association)
Global Health is Bidirectional
Heidi Kosakowski

As an American physical therapist (PT) who has lived and practiced physical therapy on three continents, I have come to understand how a national health system values rehabilitation, and how regulation (or lack thereof) impacts the provision and quality of services. This understanding has given me a deeper appreciation of the US health system while simultaneously making my head swirl with all the numerous agencies, acronyms, and convoluted processes that we have. This mix of gratitude and vertigo was heightened by the recent visit of members from the Peruvian Physical Therapy Association (ASPETEFI) to Washington, DC, in November 2019.

As part of an inter-association agreement between the ASPETEFI and the American Physical Therapy Association (APTA), a delegation of Peruvian physical therapist leaders in advocacy and education visited INPTRA, the Pan American Health Organization (PAHO/WHO), and APTA headquarters. While at INPTRA, the ASPETEFI members were given presentations and participated in discussions on several key topics including the regulatory issues that American PTs face and a historical explanation of the separation of APTA and the Federation of State Boards of Physical Therapy (FSBPT). They also had the opportunity to share the regulatory challenges they face in Peru.

Coincidently, some of the item developers for the US National Physical Therapy Examination were also at INPTRA/FSBPT working diligently on the laborious task of writing test questions. The ASPETEFI members were able to interact with the item developers during lunch and share stories, which was informative and tested everyone’s communication skills! Learning about all that goes into writing a valid and appropriate test question was one of the highlights of their visit, as a national entrance exam does not exist in Peru, nor is there a standard accreditation process for universities with PT programs. In fact, educators in PT programs are not
specifically trained in physical therapy education as those types of programs do not yet exist in Peru, but rather the educators are experienced and sometimes specialized clinicians working hard to bring up a new generation of informed and skilled PTs.

Visiting INPTRA was eye-opening for the Peruvians and certainly for myself as well. I was able to witness my colleagues work to describe the many regulations that we have in the United States in a concise and coherent way. Regulations that aim to ensure that all PTs obtain a high-quality education, that they receive the same level of education regardless of where they live in the United States, and that standards of practice are in place and adhered to for the protection of patients.

After returning to Peru, the ASPETEFI delegation shared their experience via presentations to association members, giving university talks and hosting a Facebook live panel presentation where four of the trip’s alumni spoke in detail of their visit and how certain aspects from the US system have the potential to be applied to Peru. They strategically disseminated their experiences and the outcome of their visit. It was impressive.

During my three and a half years in Peru, I received multiple requests from Americans who wanted to visit Peru with the hope of gaining a cultural perspective and wishing to provide physical therapist services to individuals with limited resources. Without a doubt, all of these requests were well-meaning ones. However, when I consider the impact of global health activities, I am reminded that global health is bi-directional. That the impact of one visit to the United States by key stakeholders can influence attitudes, decisions, and hopefully policy in the future.
INPTRA Board of Directors Meeting

The INPTRA Board of Directors met in London in March. While in London, several directors also presented at the Professional Standards Authority's Education and Research Conference.

L-R: Dianne Millette, Paul Shinkfield, Katherine Timms, William Hatherill, and Edgar Hernandez Alvarez.

Dianne Millette presents on collaborative regulation, a model for the future
Edgar Hernandez Alvarez presents a poster on evaluating the strategic plan performance for INPTRA
Paul Shinkfield presents a poster on establishing a global research agenda
Katherine Timms presents on supporting registrants' wellness to improve patient outcomes

Colombian Congress 2019
Barranquilla, Colombia
Heidi Kosakowski and Edgar Hernandez Alvarez

The Colombian Physical Therapy Association (ASCOFI) held their annual congress in Barranquilla, Colombia, from October 31 to November 3, 2019. Attendees from eleven different countries in the Americas were present to discuss direct access and the role of physical therapists as first contact providers.
Many countries in South and Central America do not have laws permitting physical therapists to be first contact providers. The discussion was complicated by the various interpretations and definitions of direct access between attendees from different countries, which varied from physical therapists (PTs) as first contact providers to access to physical therapist services at different levels of care in the health system. During one small group discussion, it became apparent that the need for a standard definition of direct access was needed before discussions could commence on the potential legal and academic changes necessary for its successful use in physical therapist practice. The majority of the confusion seemed to lie between PTs acting as first contact providers and the role of PTs in health prevention. The group decided to use this as the definition: a legal right to search for and receive physical therapist services without a medical referral, which was adopted from the American Physical Therapy Association’s definition.

It is important to note that direct access is a model of care provision. It isn’t necessarily a law, although laws assist with its regulation and legal enactment. Examples of direct access models are seen throughout the region of the Americas. The disaster response work of the Ecuadorian Society of Physical Therapy (SEF) is a good example of PTs providing care in a direct access model (without calling it direct access). The SEF has founded a brigade for disaster response and provides training for PTs from all over the region. Daniel Wappenstein, the president of the SEF and the Executive Board Member for the World Confederation for Physical Therapy (WCPT), South American Region, won an award from WCPT last year for his disaster management work. Despite this, when a few Ecuadorian PTs at the congress in Colombia were asked if they could envision a direct access law enacted in Ecuador, all present responded no (currently no law exists in Ecuador that grants or prohibits direct access).

This discrepancy between what is practiced out in the field and the laws that regulate physical therapist practice are also present in countries where there are laws explicitly granting direct access. Take the United States or Colombia, for example. Both countries have some form of direct access, however, utilization of the model is low due to hospital and clinic internal policies, lack of awareness of its existence by the public, and PTs’ apprehension to working in a direct access model. In the United States, a study on Direct Access Utilization in 2015 found that there are still barriers to its implementation. This is also true in Colombia where there is a legal right to direct access throughout the entire country, yet utilization is thought to be restricted. (The ASCOFI is currently conducting a survey on direct access utilization). This was part of the motivation for Nancy Molina, the president of ASCOFI, to host a congress centered on the topic of direct access.

Direct access is a great topic to examine as a region and globally, as it drives many regulatory and academic issues. It is our hope that countries can continue to share and learn from the past successes and challenges from their international colleagues.

Various researchers gave presentations, including one from INPTRA Director Edgar Hernandez Alvarez on the development of an application to assist with use of the International Classification of Functioning and Disability (ICF). The focus of the presentation was on the importance of using and understanding ICF for health care providers and in particular physical therapists, while explaining the details of app development.

Apart from great discussion on direct access, education, and advocacy, ASCOLFI hosted a variety of cultural experiences for all attendees, including dance performances (Barranquilla is said to be the epicenter of the Caribbean Carnival scene) and music—Barranquilla is also the home of Shakira!
Regulatory Research in the News

Can Digitization of Health Care Help Low-Resourced Countries Provide Better Community-Based Rehabilitation Services?

"In the wake of globalization, proliferation of digital technologies (DTs) is rapidly changing many activities across sectors, including influencing health to “go digital.” Harnessing opportunities of DTs can be a pathway for delivery of health services, such as community-based rehabilitation (CBR) to the vulnerable groups of populations, particularly those in countries with low resources where health systems are weak and experiencing a deficit of trained health workers necessary to effectively deliver a full spectrum of health services. This perspective explored how some DTs can be leveraged in delivery of CBR services in rural and remote areas of countries with low resources. This is described based on information access and exchange, social satisfaction, shortages of rehabilitation workforce, professional development, and capacity building. However, since seizing advantages of DTs can inevitably be associated with spillovers and limitations, including needs prioritization, skills and language limitations, internet addiction and censorship issues, professionalism and ethical dilemmas, and sustainability, if proper measures are not taken, a caution is made. Moreover, as DTs are revolutionizing various activities across sectors, including health, this is not meant as a substitute for traditional health care activities, including those delivered through CBR, but rather to augment their delivery in settings with low resources and elsewhere."

Why I Joined INPTRA

Members share what their membership means to them.

"I joined to stay appraised of the current practices in healthcare regulation. In my opinion fair and informed regulation can improve the quality of patient care. This association is the place where I can learn about excellence in regulatory practice and gain international insight."

- M. Elaine Lonnemann

"Having just returned from my annual medical mission trip to Honduras, I am once again reminded of the importance of physical therapy practice regulation and continuing
competence in developing nations. Much of Central America and Africa as well as some smaller Asian countries not only lack physical resources, but also continuity in standards of professional practice and training.

"INPTRA provides an opportunity to merge practice between developed and underdeveloped as well as emerging nations. In addition to networking and collaborating with regulators from other member countries, I joined INPTRA as a small way to forward progress in this area.

"I am encouraged by the increasing number of physical therapists involved in assisting these underdeveloped countries, desperately in need of our skills. As this occurs, however, it is vitally important to also guide the profession in terms of expected standards of practice and access to continuing competence models and resources for resident physical therapists practicing in these nations. As the saying goes, 'Give a man a fish and he'll eat for today; teach a man to fish and he'll eat for a lifetime.'

- Kathryn Dale

"Having just renewed my individual INPTRA membership for the second year, and as a Physical Therapist in private practice currently serving as the Kentucky Board Chair, I wanted to share some brief thoughts. INPTRA has truly broadened my horizons and shifted my paradigm in both regulatory standards and best clinical practices. Just as regulatory boards governing the practice of Physical Therapy share their models across the United States, so do countries share across the globe via INPTRA. From those countries with sophisticated regulatory practices to those who are just emerging, the international collaboration, shared learning, research, mentorship, and successes and failures of regulatory initiatives continually adds to our portfolio of public protection and best practices. The insight gained from exposure to INPTRA has given me a renewed appreciation for where we are in the regulatory evolution, but has also challenged me to implement other best practices for enhancement of public clinical practices throughout the commonwealth of Kentucky, especially in identifying risks and being proactive to prevent licensees from falling short of their important standards. 'Always embrace the common humanity that lies at the heart of us all.' Dalai Lama."

- Tom Pennington

**INPTRA Regulatory Guiding Principles**

These principles on physiotherapy have been developed to provide guidance both to already-established regulatory authorities and, in particular, to those countries where physiotherapy regulation is developing or has not yet been developed. This version is based on feedback from attendees of the INPTRA 2015 conference in Singapore.

The principles provide specific areas that should be addressed in a regulatory model for physiotherapy.

While not all the principles may be feasible at the current time within a particular jurisdiction, they should provide guidance for future change.

The principles also provide the foundation for the collection of data, evidence, and resources related to each of the principles. We are continuously growing our network and providing information to various countries around the globe. This is why we are happy to announce that the INPTRA Regulatory Guiding Principles document is now also available in Spanish! If you would like to read this document in Spanish please email us at info@INPTRA.org.
Webcasts

The recording of our January Webcast, "Using Claims Data to Identify Risks in PT Practice," is now available online! Be sure to check it out, along with all of our past webcasts.

If you would like to share an idea for a future webcast, or would like to participate in one, please let us know info@INPTRA.org.

Get Involved

Do you want to play an active role in INPTRA’s mission and vision? Help advance excellence in physiotherapy regulation by volunteering for a committee or task force. You do not need to have a direct regulatory background to be eligible. If you are interested in learning more, please reach out to us at info@inptra.org.

Are You a Regulator?

Click "Agencies" under "Regulatory Resources" on the INPTRA website to view country information.

- Have we included your country?
- Is your country’s regulatory agency information correct?
- Is any information missing?

Please send updates to info@inptra.org.

Welcome to INPTRA Membership!

We would like to announce our new members as of the last newsletter.

Individual Members:
Charles Flynn
Michael Kay
Margaret Lonnemann
Jaime Nolan
Louie Puentedura

Organizational Members:
Ordre Professionnel de la Physiothérapie du Québec

We are excited to have your support! We encourage you to share this news with your colleagues and remember that even if your organization is already a member you could further support INPTRA’s goals by becoming an individual member of INPTRA.

Membership is open to national and state/provincial physiotherapy regulatory authorities and associations. We also welcome individual members, affiliates, and partners. Learn more about membership and dues.
Submit Your Country’s Regulatory Profile

We have made it easier to submit your country’s regulatory profile! All that you have to do is fill out this survey. In the survey you will be asked for the following information:

- Your **contact information** in case we have a question for you (this information will not be public)
- The **name of the country** that you are informing us about
- **Education requirements** for physical therapists in that country
- Information regarding **Physical Therapy (PT) practice** in that country (e.g., questions regarding direct access, professional designation used, names for professional organizations)
- Information regarding **regulation of PTs** (e.g., regulatory model and description, scope of practice).

INPTRA’s team will review the survey responses and work on posting your country’s profile to our website. If you have any questions or feedback regarding our survey please email us at info@inptra.org.

Submit Your Country’s Profile

INPTRA Board of Directors

[Images of board members]

William Hatherill, USA, Chair
Paul Shinkfield, Australia, Deputy Chair
Dianne Millette, Canada, Treasurer
Edgar Hernandez Alvarez, Colombia, Director
Katherine Timms, United Kingdom, Director

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