Introduction

In 2009, an estimated 316,500 people experienced severe incontinence in Australia at a cost of $201.6 million (excluding residential aged care costs), with a total cost of $1.6 billion and an estimated $66.7 billion cost of burden of disease (AIHW 2013).


Implementing advanced scope of practice in Continence and Women’s Health Physiotherapy clinics can provide women early access to assessment and conservative management for incontinence and pelvic organ prolapse, reducing the healthcare burden of these for the individual and for the Australian healthcare system.

Advanced Practice Continence and Women’s Health (C&WH) Physiotherapy competency requirements

To be assessed as competent and therefore able to complete a full screening of patients referred to the Advanced Practice in Continence and Women’s Health Physiotherapy Clinic, the clinician must undertake the competency training and assessment program of the four required clinical skills.

Competencies in the further three advanced practice skills can be undertaken depending on local policies and procedures.

For each competency, the competency training and assessment program requires a clinician to:

- complete the learning needs assessment tool
- access relevant policies and procedures from the health service
- undertake pre-readings (as per the competency standards)
- observe a minimum number of procedures undertaken by a qualified healthcare professional
- undertake supervised clinical practice with a qualified healthcare professional
- be assessed as ‘independent’ performing the procedure by a qualified healthcare professional (according to the performance rating scale).

The competency assessment program is designed to examine clinicians in a variety of clinical contexts to ensure safe, independent and effective patient assessment.

What competencies are assessed?

Four competencies have been developed for the required clinical skills used to screen patients in the advanced practice clinic. These are:

- Apply the POP-Q System for the assessment of Pelvic Organ Prolapse (POP) and interpret the results
- Post-void residual (PVR) bladder volume measurement and interpretation of results
- Dipstick urinalysis and interpretation of results
• Evaluate the need for urodynamics and initiate the referral

Two competencies have been developed for clinical skills in ring pessary management. These are:

• Ring pessary assessment and fitting
• Ring pessary ongoing review and refit

Who can assess the competencies?

The competency standard documents identify who may supervise and assess the training physiotherapist using the performance rating scale.

A minimum number of supervised procedures and assessments have been identified for each competency. However, the training physiotherapist may undertake additional assessments if the qualified supervisor believes they are required.

When the training physiotherapist is deemed competent

The training physiotherapist must achieve an ‘independent’ level of practice using the five-point performance rating scale.

The physiotherapist must record all observation, supervision and assessment for each competency.

What are the training physiotherapist’s responsibilities?

• Complete the learning and assessment plan.
• Complete the learning needs assessment tool and discuss learning needs with a qualified healthcare professional.
• Complete the pre-readings and access all relevant policies and procedures from the health service (as per the competency standards).
• Organise to shadow and observe a qualified healthcare professional performing the procedure.
• Complete the supervised procedures prior to assessment (as per the competency standard).
• Complete assessment in the procedure (as per the competency standard).
• Document observation, supervision and assessment of each competency.
• Maintain ongoing clinical competency via case presentation to a qualified healthcare professional.

What are the training supervisor’s responsibilities?

• Check that the training physiotherapist’s learning and assessment plan has been completed.
• Discuss learning needs with the training physiotherapist.
• Demonstrate the procedure in a clinical setting (as per the competency standard).
• Understand the performance criteria required to demonstrate achievement of each element (as per the competency standards).
• Record the training physiotherapist’s level of independence using the five-point performance rating scale and any additional comments.
• Sign the learning and assessment plan when the training physiotherapist is considered competent.
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