



AUSTRALIAN
PHYSIOTHERAPY
COUNCIL

ACCREDITATION STANDARDS

For Entry-Level Physiotherapy
Practitioner Programs
2025

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Australian Physiotherapy Council Limited ABN 28 108 663 896

Accreditation Standards for Entry-Level Physiotherapy Programs

The Australian Physiotherapy Council Limited (the Council) is the accreditation authority for Physiotherapy Practitioner Programs in Australia. All programs accredited by the Council are assessed against the Accreditation Standard for Physiotherapy Practitioner Programs (2016), (the Accreditation Standard).

An accreditation authority for a health profession may accredit a program of study if, after assessing the program, the authority is reasonably satisfied—

(a) the program of study, and the education provider that provides the program of study, meet an approved accreditation standard for the profession;

or

(b) the program of study, and the education provider that provides the program of study, substantially meet an approved accreditation standard for the profession and the imposition of conditions on the approval will ensure the program meets the standard within a reasonable time.

Source: Health Practitioner Regulation National Law Act 2009 [s48 (1)]

The standards set out the minimum requirements to be met in order to deliver physiotherapy programs that provide persons who complete the program with the knowledge, clinical skills and professional attributes for practice of physiotherapy in Australia.

Accreditation Standards Model

Each Domain is articulated by a Standard Statement and each Standard Statement is supported by a set of Criteria. The criteria have been contextualised to the physiotherapy profession. The standard is met when every criterion is met.

It is the responsibility of the education provider to demonstrate how its program meets the Accreditation Standard. The Accreditation Standard is outcomes focused, the Council does not prescribe program structures and curricula, or any other approach to educational delivery.



The Six Domains



Cultural Safety (CS)



Public Safety (PS)



Academic Governance and Quality Assurance (GQ)



Program of Study (ST)



Student Experience (EX)



Assessment (AS)



Cultural Safety (CS)

Standard statement: Aboriginal and Torres Strait Islander Peoples work, learn, and receive care in environments that are culturally safe and free from racism.

While the absence of racism is a fundamental minimum standard, the Council recognises that culturally safe environments go beyond this by actively fostering respect, inclusion, and the recognition of Aboriginal and Torres Strait Islander ways of knowing, being, and doing. Racism cannot exist in a culturally safe environment.

While Aboriginal and Torres Strait Islander leadership is essential, the responsibility for embedding culturally safe practices lies with all staff and students. The Council recognises and acknowledges that every individual and organisation is in a different stage of their reconciliation journey. This domain explores the ongoing journey of cultural safety knowledge, understanding and practise to provide culturally safe and effective healthcare to Aboriginal and Torres Strait Islander Peoples.

Criteria	Intent of criteria
CS1 Students have the capabilities to provide, and supervisors model, culturally safe healthcare that is free from racism during clinical education.	Clinical education providers have policies and procedures to support the creation and maintenance of culturally safe environments. The education provider should demonstrate effective mechanisms to monitor this and respond appropriately. There is evidence that students are provided with learning opportunities in the curriculum prior to clinical education.
CS2 There is input into the design, management and decision making of the program from Aboriginal and/or Torres Strait Islander Peoples.	Aboriginal and Torres Strait Islander Peoples are active partners in the program decision making and governance.
CS3 Staff work in a culturally safe environment free from racism.	The education provider needs to have appropriate policies, procedures and training/development in place to support the development of a culturally safe environment. Effective mechanisms to monitor this and respond appropriately are in place.
CS4 Culturally safe healthcare is integrated and assessed throughout the program and clearly articulated in learning outcomes.	This criterion can be met by demonstrating that the Aboriginal and Torres Strait Islander Health Curriculum Framework is embedded in the program curriculum. The education provider should demonstrate that students will be assessed on culturally safe healthcare and their ability to demonstrate culturally safe practice in the program curriculum.

	In addition, the curriculum should foster cultural humility and encourage reflexivity, supporting students to reflect on their own professional practice as part of an ongoing journey of learning and growth throughout their careers.
CS5 Students have access to appropriate resources and staff with expertise to facilitate learning about Aboriginal and Torres Strait Islander Health and cultural safety.	The education provider should demonstrate that they have used appropriate resources for teaching students, and that the staff who teach about Aboriginal and Torres Strait Islander health have expertise in these areas. This includes involving Aboriginal and Torres Strait Islander People in the program design, management and delivery where possible. This criterion includes how the education provider can demonstrate integration of Aboriginal and Torres Strait Islander knowledge, sciences and paradigms in the curriculum.
CS6 Students learn in culturally safe environments, free from racism, including while at clinical education sites.	The education provider needs to have appropriate policies, procedures and training/development in place to support the development of a culturally safe environment. Effective mechanisms to monitor this and respond appropriately are in place.
CS7 There are effective strategies for the recruitment, admission, participation, and completion of the program of study by Aboriginal and Torres Strait Islander Peoples. This includes provision of ongoing support for Aboriginal and Torres Strait Islander students across the duration of the program.	Increasing representation of Aboriginal and Torres Strait Islander Peoples in the health workforce is a key pathway to improving cultural safety in health care. The education provider is developing, implementing and evaluating strategies to support Aboriginal and Torres Strait Islander Peoples to become physiotherapists. These strategies should be evaluated for effectiveness as part of continuous improvement processes.
CS8 Student support services (academic and personal support) are culturally safe and culturally appropriate.	To explicitly state that education providers need to be considered in the support strategies that are offered and contribute to a culturally safe environment for student's experience.
CS9 Assessment strategies are culturally safe and culturally appropriate.	The education provider has a co-ordinated set of practices and processes to consider that the type and spread of assessment used is culturally safe and appropriate. Assessment techniques have been considered to be free from implicit bias (or strategies are used to mitigate and manage bias).



Public Safety (PS)

Standard statement: Public safety is assured.

Criteria	Intent of criteria
PS1 Public safety and consumer-centred care are prioritised in the guiding principles of the educational program, clinical training and student learning outcomes.	The program is considering public safety and consumer-centred care first and foremost when designing and delivering the program. This includes: - the way the program is designed (i.e. that the public are safe when interacting with students as part of the program) - that the teaching methods used are safe for the public - that the provider promotes and instils ongoing public safety in the learning outcomes (i.e. public safety is taught) Safety reflects physical safety and psychological safety of consumers. Safety should include consideration of all forms of diversity.
PS2 Management processes are effective in ensuring students are fit to practise.	The education provider has effective processes (including impairment screening and management) to ensure students are safe and fit to practise throughout the length of the program, and to be responsive in addressing this appropriately. This includes when students are participating in clinical education. Fit to practise encompasses physical and psychological fitness, and compliance with regulatory and legislative requirements.
PS3 Students achieve the relevant competencies before providing supervised consumer care as part of the program.	Assessment sequencing allows the education provider to assess that students have relevant competencies to deliver safe (supervised) care as part of the program. Relevant competencies (based on the Physiotherapy Practice Thresholds) would include technical competencies as well as competencies relevant to the legal, professional and ethical responsibilities of practitioners, communication, cultural safety, consumer-centred care, trauma informed practice and psychological safety for consumers and staff in clinical education sites.
PS4 Students receive effective and appropriate supervision by suitably qualified and registered physiotherapists and/or other relevant personnel during clinical education.	The education provider needs to ensure students are supervised by appropriate personnel. The education provider evaluates the supervision for both quality and quantity to ensure that the public is receiving safe and effective care from students. This aims to support diversity in clinical placements and encourage interprofessional collaborative practice. From a workforce perspective, this is aimed at supporting the growth of clinical placement opportunities.
PS5 Health services and physiotherapy practices providing clinical placements have robust quality and safety policies and	Clinical education takes place in environments where there are appropriate policies and processes to ensure safe and high-quality care for consumers.

processes and meet all relevant regulations and standards.	
PS6 Consumers consent to care by students.	To ensure consumers and other relevant people involved in their care understand they are being provided care by students and the supervision that is in place to support this. This may include consent by guardians and substitute decision makers (for example family members) with the legal authority to provide consent. This does not impact or negate other consent-to-care requirements such as informed consent about the specific care they will receive.
PS7 The education provider demonstrates accountability in holding students and staff to high levels of ethical and professional conduct.	The education provider has strategies to monitor and ensure that relevant codes of conduct (for example, university codes of conduct and the National Code of Conduct, the joint position statement on family violence by regulators of health practitioners) are being upheld at all times. The education provider will need to demonstrate they have effective strategies to address this appropriately.
PS8 The education provider complies with its obligations under the Health Practitioner Regulation National Law Act 2009, or equivalent national framework.	The education provider has formal mechanisms to show compliance with the National Law, including student registration requirements, mandatory and voluntary notification processes.



Academic Governance and Quality Assurance (GQ)

Standard statement: Academic governance and quality assurance processes are effective.

Criteria	Intent of criteria
GQ1 The provider has robust academic governance structures in place for the program of study.	A governance structure that includes the following components: 1. Documented governance structure that outlines the authority, responsibility and capacity to plan, develop, implement, and improve the program. 2. Governance that achieves oversight and academic integrity of the program. 3. Governance mechanisms to identify and manage risk. 4. Governance mechanisms to identify and manage conflict of interest.
GQ2 The program has rigorous monitoring, evaluation and continuous improvement processes, including relevant internal and external input.	The education provider has defined the core elements of their monitoring, evaluation and continuous improvement processes including: • inputs • outputs • intended outcomes (aligned to the Accreditation Standards) The education provider should outline the sources of data that feed into the monitoring, evaluation and continuous improvement processes. The education provider should outline how results from monitoring and evaluation inform the program design and management so that continuous improvement is achieved. The education provider should seek relevant internal and external input from a diverse range of stakeholders, including (but not limited to) Aboriginal and Torres Strait Islander Peoples, students, health consumers, and other evaluations, academic and professional peer review to improve the program.
GQ3 The program is responsive to contemporary, evidence-based approaches to health professional education.	The education provider has strategies to be aware of, and incorporate, contemporary educational methods and pedagogy. This should include that the program uses evidence-based teaching and learning strategies and is responsive to potential changes as evidence develops. It is intended that the education provider should outline their response to emerging technologies, for example AI, as part of this criteria.
GQ4 The program is responsive to contemporary developments in physiotherapy practice.	The education provider is aware of, and incorporates, contemporary methods relevant to physiotherapy practice. This should include how the program ensures it is incorporating recent advances in evidence-based practice and is responsive to potential changes as evidence develops.

	The education provider should demonstrate how they identify the potential future role of physiotherapists and prepare students for future practice.
GQ5 The education provider has appropriate and effective partnerships with clinical education providers.	The education provider demonstrates they have: • formal agreements with clinical education providers • mechanisms to prepare supervisors (orientation, training in supervision and/or assessment if required) • two-way feedback mechanisms with clinical education providers • periodic reviews of clinical education partnerships • strategies to ensure clinical education is delivering high quality education experiences.
GQ6 The program has appropriate physical, staffing and online resources to sustain the quality of education that is required to ensure the achievement of the necessary attributes and capabilities.	The education provider has the resources required to sustain the program and commits to these being made available to the program. This should be proportional to the number of students enrolled. This includes physical resources, staffing and online resources. This also includes staff who are supported in achieving their research, CPD and teaching requirements.



Program of Study (ST)

Standard statement: Program design, delivery and resourcing enable students to achieve the required professional attributes and competencies.

The professional attributes and competencies are based on the Physiotherapy Practice Thresholds.

Criteria	Intent of criteria
ST1 The educational philosophy is aligned with the design and delivery of the program of study.	The education provider has set out the particular philosophy for their program and has designed a program that aligns with this.
ST2 Learning and teaching methods are aligned with the required learning outcomes.	The education provider demonstrates that the learning and teaching methods are effective and appropriate in supporting students to achieve the learning outcomes being taught.
ST3 Program learning outcomes address all the relevant attributes, physiotherapy roles and capabilities.	The program learning outcomes address all of the relevant graduate outcomes set out in the Physiotherapy Practice Thresholds and Ahpra Code of Conduct for registered health professionals. As well as technical capabilities, the education provider needs to demonstrate that the program is designed to prepare students with professional capabilities. This will be reviewed in the context of the AQF level.
ST4 The program is designed to prepare students with the capabilities for evidence-based practice.	The education provider has specific strategies to embed development of evidence-based practice capabilities throughout the curriculum. This criterion reflects the importance of these capabilities in developing a workforce capable of providing safe and quality care over the duration of their careers. This will be reviewed in the context of the AQF level.
ST5 Students learn with, about, and from other health professionals, throughout the curriculum to ensure graduates are capable of interprofessional collaborative practice.	The education provider has integrated interprofessional education and interprofessional practice throughout the curriculum. This should encompass both theory-based learning and clinical education opportunities. The education provider should include examples of how the National Safety and Quality Health Service (NSQHS) Standards in relation to interprofessional collaborative practice and team-based care are applied.
ST6 The program and defined learning outcomes are responsive to national health priorities.	The education provider identifies and incorporates national and local health priorities and embeds these into their programs. Programs are also encouraged to report how they are responding to local health priorities if these differ from the national priorities. The Council acknowledges that there are multiple national health priorities (and that these are dynamic). The education provider is encouraged to describe how the learning outcomes are responsive to these priorities.

ST7 The quality and quantity of clinical education is sufficient to produce a graduate capable to practise across the lifespan, with diverse consumer populations and in a range of environments.	The education provider demonstrates that the clinical education components of the program allow students to build capability across the range of consumers they may treat once registered. This criterion also encompasses the requirements of consumer-centred care.
ST8 Teaching staff are suitably qualified and experienced to deliver the units that they teach.	Staff that teach each unit are appropriately qualified and experienced. For example, consideration of qualifications, prior experience completion of required training to ensure suitable education skills, such as having undertaken cultural safety training.
ST9 The program is appropriately supported by technical and laboratory personnel.	The program is supported by appropriate types and numbers of technical and support staff.
ST10 Physical and digital learning environments and resources support the achievement of the required learning outcomes.	This includes ensuring that facilities and equipment are appropriate for the size of the student cohort, well maintained, accessible and fit for purpose. Online learning is accessible and technology is used appropriately to support learning. That resources are appropriate and accessible.



Student Experience (EX)

Standard statement: Students are provided with equitable and timely access to information and support.

Criteria	Intent of criteria
EX1 Program information is clear and accessible.	This refers to the availability of information for prospective students such as inherent requirements as well as information relevant to current students in the program.
EX2 Admission and progression requirements and processes are fair and transparent.	This refers to the quality of the processes that govern admission and progression.
EX3 Students have access to effective grievance and appeals processes.	Grievance and appeals processes are accessible and are evaluated for effectiveness.
EX4 The provider identifies and provides support to meet the academic learning needs of students.	Students are provided with support to meet academic learning needs. Information on available supports should be provided to all students in the program. The education provider should be proactive in identifying students who require support services and facilitate access to the support.
EX5 Students are informed of and have access to personal support services provided by suitable personnel.	All students are provided information about how to access personal support services including, for example, cultural support services, English language support services, financial support services and mental health services. These should be delivered by suitable personnel within the context of the service being delivered and be culturally appropriate.
EX6 Students are consistently represented within the deliberative and decision-making processes for the program.	Students are explicitly represented in the decision making for the program.
EX7 Equity and inclusiveness principles are observed and promoted in the student experience.	This criterion refers to promoting equity and inclusiveness to all students in the program. This includes consideration of all forms of diversity. It is also important to consider intersectionality and its impacts when developing and implementing equity and inclusion measures. The success of the education provider in meeting this criterion should be reflected in the monitoring and evaluation processes.
EX8 There are effective strategies for the recruitment, admission, participation, and completion of the program by underrepresented	There are many groups who experience health inequity in Australia who the education provider should be recruiting, supporting and graduating through physiotherapy education programs to build a representative workforce that

groups in the profession and groups who experience health inequity.

This includes provision of ongoing support for students across the duration of the program.

reflects the community it serves and meets the community's healthcare needs.

The education provider has strategies to facilitate the participation in their programs of people from a range of backgrounds, particularly those from groups who experience health inequity. The effectiveness of these strategies should be evaluated and be subject to continuous improvement measures.

EX9 Students learn in physical and digital environments that are both physically and psychologically safe.

The education provider has systems in place to promote a safe learning environment and has measures in place to monitor this and address appropriately. This includes when students are learning in clinical education sites.



Assessment (AS)

Standard statement: Assessment is fair, valid and reliable.

Criteria	Intent of criteria
AS1 A contemporary, evidence-based assessment strategy is used across the program.	The education provider demonstrates how they developed the assessment strategy used in the program and how this is reviewed and evaluated on an ongoing basis. This should include reference to assessment policy and procedures. It is intended that the education provider should outline their response to emerging technologies, for example AI, as part of this criteria.
AS2 Assessment methods, which include direct observation in the clinical setting, are diverse and appropriate for the learning outcomes being assessed.	The education provider demonstrates that the appropriate assessment tool has been used to assess each learning outcome. To ensure diversity in methods used and to make clear that direct observation is a required modality of assessment.
AS3 Physiotherapy roles, attributes, capabilities and all graduate outcomes are assessed.	The education provider demonstrates that across the program, students are assessed on all of the relevant graduate outcomes. This is to ensure that graduates meet the attributes and capabilities as set out in the Physiotherapy Practice Thresholds.
AS4 Program management and co-ordination, including moderation procedures ensure valid, transparent, consistent and appropriate assessment.	Assessment is moderated and validated. There are systems in place to ensure that equivalent performance is awarded equivalent performance outcomes, including across cohorts and sites (if applicable).
AS5 Effective, appropriate and timely feedback is provided to students	Feedback to students is appropriate, learner centred and provided in a timely manner to support students to reflect and improve on their performance.
AS6 Assessment is conducted by appropriate personnel including by suitably qualified physiotherapists for the assessment of physiotherapy specific competencies.	When considering appropriateness, the education provider should consider qualifications and experience but also conflict of interest etc. This includes that suitably qualified and experienced physiotherapists undertake the assessment of physiotherapy specific competence.