



**AUSTRALIAN COUNCIL OF PHYSIOTHERAPY
REGULATING AUTHORITIES LIMITED**

**SUBMISSION TO THE PRODUCTIVITY COMMISSION STUDY INTO THE HEALTH
WORKFORCE**

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INTRODUCTION

The Australian Council of Physiotherapy Regulating Authorities Limited (ACOPRA) commends the Productivity Commission for undertaking this much needed study of the Australian Health Workforce. The role of ACOPRA is to advise, investigate, accredit and make recommendations relating to the registration, standards of education, competency and practice of the physiotherapy profession. ACOPRA's membership includes one nominee from each of the State and Territory Physiotherapists Registration Boards, and one nominee each from the Australian Physiotherapy Association and the Schools of Physiotherapy in Australia. ACOPRA's mission is to lead the national agenda for the assurance of high standards in physiotherapy for the Australian community. ACOPRA and its members are interested in improving quality of health care and enhancing access to health care by all Australians.

1.0 REGULATORY REFORM

ACOPRA is committed to development of a nationally consistent approach to physiotherapy registration. At present, a physiotherapist must apply and pay for registration in each state and territory in which he or she works. There are variable registration requirements for physiotherapists working with teams that compete at a national level such as AFL or NRL and who attend continuing professional development¹. The costs associated with the current system create geographic barriers to practitioner mobility and discourage participation in continuing professional development.

ACOPRA supports the retention of profession-specific registration boards and is opposed to the introduction of a generic/universal registration board. Whilst administrative efficiencies may be gained through the establishment of shared secretariat facilities (such as currently exists in the Northern Territory), each profession requires a statutory authority to ensure appropriate protection of the community from unsafe and inappropriate practitioners. Whilst it has been suggested that profession-specific registration boards are not effective in disciplining members of their own profession, it is important to note that registration boards include several non-professional members and the disciplinary procedures are conducted in accordance with the relevant statutory provisions. ACOPRA contests that profession-specific registration boards are more likely to implement appropriate sanctions than generic/universal boards because they have a better understanding of the context a complaint or misdemeanour.

¹ See Appendix 1 for further details.

Recommendation

That a nationally consistent approach to physiotherapy registration is developed to facilitate mobility of practitioners.

That profession-specific registration boards are retained.

2.0 EDUCATION

Sound education, including appropriate clinical training, is the cornerstone of an effective and sustainable health workforce. Institutions submitting a physiotherapy education program for accreditation by ACOPRA must demonstrate that students within such a program (and graduating from it) have access to a comprehensive clinical education experience where supervised clinical placements provide adequate breadth and depth. Such adequacy of breadth and depth of supervised clinical practice is critical if an institution is to demonstrate that it has a program the graduates of which will meet the standards upon which accreditation is based.

Since 1997 when accreditation of physiotherapy education programs commenced there has been a 300% increase in the number of programs offered. As at September 2005 there are 18 programs leading to an award in physiotherapy compared with 6 in 1997, with at least two more “in the pipeline”. This burgeoning of physiotherapy programs has not been matched by a growth in the health sector, adequate access to which is pivotal to the preparation of graduates for beginning practice in all key areas of physiotherapy, across all ages and from acute to community contexts.

In addition to pressures in the academic and clinical contexts due to the increased number of entry-level physiotherapy education programs, changes to the level of funding for physiotherapy students in 2004 have further threatened the capacity of the education sector to provide a comprehensive clinical education experience for physiotherapy students. Under the new Higher Education Support Act 2003, health students, other than nursing and medicine, are funded by the Department of Education Science and Training (DEST) in the same Cluster as Computing and Built Environment – Cluster 6. In 2005, this Cluster is funded at \$7064 per equivalent full time student load (EFTSL) compared to \$14,738 per EFTSL for dentistry, medicine and veterinary science.

In Queensland, the pressure on the health care sector to provide clinical education for physiotherapy students without adequate funding has resulted in industrial action in the form of withdrawal of voluntary labour by some physiotherapists employed in the public sector. This situation has highlighted the impending crisis in clinical education due to failure by DEST to adequately fund this integral component of physiotherapy education. Provision of clinical education is not sustainable under the current level of DEST funding. The true cost of educating physiotherapy students is virtually the same as medicine. Graduating physiotherapists are “work ready” and can commence full practice immediately following their university education. The level of funding must be rectified to accurately reflect the cost of education of physiotherapy students or the health sector will be unable to continue to provide clinical education.

Recommendation

That physiotherapy students are funded in the same DEST Cluster as medicine, dentistry and veterinary science (Cluster 9).

In addition to rectifying the inequities in funding, ACOPRA supports the investigation of innovative models of clinical education for physiotherapy students. These models would focus on more efficient use of health sector staff in the provision of clinical education. ACOPRA suggests that DEST should fund an investigation to be conducted by ACOPRA in collaboration with the Australian Physiotherapy Association (APA).

Recommendation

That DEST funds an investigation of innovative models of clinical education for physiotherapy students to be conducted by ACOPRA in collaboration with the APA.

3.0 SCOPE OF PHYSIOTHERAPY PRACTICE

ACOPRA does not support prescriptive approaches to system/service development. ACOPRA supports the concept of role redesign including broadening the scope of tasks performed by physiotherapists. ACOPRA is not opposed to expanding the role of physiotherapy assistants to undertake tasks currently performed by physiotherapists that do not require the level of knowledge and skill of a physiotherapist, providing that the physiotherapy assistants undertake appropriate training such as a Certificate IV in Physiotherapy Assistance.

Recommendations:

That the scope of the role of physiotherapy practitioners is extended to better utilise their level of knowledge and skills.

That physiotherapy practitioners are better utilised by using physiotherapy assistants to undertake tasks currently performed by physiotherapists that do not require the level of knowledge and skill of a physiotherapist.

ACOPRA is concerned that workforce substitution may compromise the safety and quality of care provided to the community. ACOPRA supports strategies to promote health workforce adaptability rather than flexibility. Flexibility implies being able to extend to meet the needs of the health care environment, whereas adaptability implies being able to modify to fit the needs of the health care environment. There are inherent risks associated with a flexible workforce including compromised safety and quality of care through over-extension of people and skills. An adaptable workforce will be better equipped to meet the changing needs of a dynamic health care environment in a safe and effective manner. An adaptable workforce requires specific training to minimise inter-professional barriers and to reduce resistance to change in approaches to service delivery.

Recommendation:

That funding is provided to develop learning packages to assist health professionals adapt to the changing health care environment.

4.0 RE-ENTRY OF PHYSIOTHERAPISTS TO THE WORKFORCE

There is an urgent need for subsidised re-entry/refresher courses across the workforce, especially given the high proportion of female physiotherapists. Many physiotherapists are unable to renew their registration because they have taken time away from practice to raise a family or pursue other interests. There are currently no formal re-entry/refresher courses to assist these physiotherapists in updating their knowledge and skills to enable them to rejoin the workforce.

Recommendation:

That funding is provided to develop refresher/re-entry courses to assist physiotherapists to return to the workforce.

5.0 SERVICES IN RURAL AND REMOTE AREAS

ACOPRA acknowledges the urgent need to improve availability of health services in rural and remote areas, especially for indigenous communities. ACOPRA recommends that all jurisdictions include a provision for registration of health professionals at the discretion of the registration board “for the purpose of enabling an unmet area of need to be met if the [registration board] is satisfied that the person has suitable qualifications and experience to practise physiotherapy in that area of need.”²

There is evidence in the literature that medical students are more likely to work in a rural setting if they undertake clinical training in a rural setting as a student and they commence practice in the setting in the early post-graduate period. ACOPRA supports the introduction of bonded financial sponsorship of physiotherapy training places in rural settings to facilitate recruitment and retention of physiotherapy practitioners in the rural sector. Physiotherapists who received sponsorship during their student years would be required to practice in the same rural setting for a minimum period following graduation.

ACOPRA is opposed to the introduction of generic health care workers on the grounds that there is a high risk that the quality of service delivery will be compromised. It is not possible for an individual to possess the same level of knowledge and skill across a range of professional areas as profession-specific practitioners in each professional area. Consequently, the level of knowledge and skill in any one area will be less than that of a practitioner trained specifically in that area. ACOPRA contends that the use of physiotherapy assistants working under the direction and supervision of a registered physiotherapist would be a more safe and effective strategy to increase workforce capacity than the introduction of generic health care workers.

Recommendation:

That consideration is given to the provision of bonded financial sponsorship of physiotherapy training places in rural settings to facilitate recruitment and retention of physiotherapy practitioners in the rural sector

² Physiotherapists Act 1977 (ACT), s10(2).