

# Policy Development and Leadership: Physiotherapy in Australia

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**AUSTRALIAN PHYSIOTHERAPY ASSOCIATION**

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# Introduction

- Australian Political System
- Australian Health System
  - Key similarities and difference between US and Australia
- Policy development and leadership at the Australian Physiotherapy Association (APA)
- Current issues for the physiotherapy profession in Australia
  - Direct Access
  - Advanced / Extended Scope of Practice
  - National Registration
- Conclusion

# Australian Political System

- 2007 change of government in Australia after 11 years.
- Previously conservative government – Liberal Party.
- Currently left leaning – Labor Party in government.

# Australian Health System

- Many issues faced by our health system:
  - Workforce shortages
  - Ageing population
  - Increased cost of technology
  - Chronic disease
  - Increased consumer expectation and demand.

# Key similarities between USA and Australia

- APA and APTA (and others) argue for the fundamental right of accessible, affordable and appropriate health care for all.
- Physiotherapists are a key member of the primary health care or multidisciplinary health care team.
- Our policy challenges are:
  - We need to do more outside of acute hospital settings;
  - We need greater funding of programs in the community and in aged care.
  - We urgently need a greater focus on preventative health and a workable strategy to deal with the burden of chronic and complex diseases of affluence such as diabetes and obesity.
- Aboriginal and Torres Strait Islander health

# Key differences between USA and Australia

- Australia has a flexible and universal health care system that supports both public and private systems.
- Access to basic medical care for all Australians is universal and of a high quality.
- Attend an emergency department of any hospital you will be seen and you will be treated and you will not receive a bill for that service.
- Attend a general practitioner (GP) you will receive a reimbursement for part of that treatment from the government insurance scheme (Medicare).
- Purchase medication and the maximum price you will pay as of January 1, 2009 is AUD\$32.90.

# Policy development and leadership at the Australian Physiotherapy Association (APA)

- The APA has invested significant resources in recent years to improve the quality of its policy work.
- The APA's presence in the health debates has always been greater than its numerical influence.
- One goal of the association is to define ourselves as a thought leader within the health arena – particularly in the area of health reform.
- The APA has a centralised policy development process within the national office. This has allowed the organisation to develop policy expertise within a core team.
- The APA works strategically with parliamentarians and government bureaucrats to work towards the advancement of our agenda.

## Current issues for the physiotherapy profession in Australia

- Direct Access
- Advanced and Extended Scope of Practice
- National Registration.

# Direct Access

- In 1976 the APA repealed first ethical principle which stated that “physiotherapists would only treat patients referred to them by a registered medical practitioner.
- Australia was the first country in the world to achieve direct access.
- Some of the debate from that time can be found here:
  - Galley P (1975): Ethical principles and patient referral. Australian Journal of Physiotherapy 21: 97–100.
  - Galley P (1976): Patient referral and the physiotherapist. Australian Journal of Physiotherapy 22: 117-120.
  - Galley P (1977): Physiotherapists as first contact practitioner – new challenges and responsibilities in Australia. Physiotherapy 63: 246–248.

# Direct Access

- 15 000 physiotherapists - approximately 7 000 in private practice
- Australian population is 22 Million.
- In 2008 there were approximately 15 million physiotherapy occasions of service within the community. The average number of treatments per initial consult is 6 which mean that we have 2.5 million initial consultations.
- From APA research 63% of the 2.5 million consultations were self referred. The other third are referred by general practitioners (GP) / family physicians.
- The most common referrals made by a GP in Australia are to a physiotherapist:
  - 9.4% of all referrals were to physiotherapists. This was followed by referral to surgeons (6.7%) and orthopaedic surgeons (5.4%).

# Direct Access

- Within the hospital system our primary contact status has taken the profession in a number of different directions. They include:
  - The development of the physiotherapy role within emergency department
  - Physiotherapy led orthopaedic / musculoskeletal clinics
  - Physiotherapy led neurosurgical clinics
  - Physiotherapy led gynaecology clinics.

# Advanced and Extended Scope of Practice

- The Australian Physiotherapy Association (APA) supports the following definitions:
- **Advanced Scope of Practice** - A role that is within the currently recognised scope of practice for that profession, but that through custom and practice has been performed by other professions. The advanced role may require additional training as well as significant professional experience and competency development.
- **Extended Scope of Practice** – A role that is outside the currently recognised scope of practice and one that requires some method of credentialing following additional training, competency development and significant professional experience, as well as legislative change.

# Advanced and Extended Scope of Practice

- In order for physiotherapists to undertake advanced and extended roles, the APA argues that barriers will need to be addressed that broadly cover the following domain:
  - Legislative
  - Funding
  - Cultural
- The APA supports a system of practice regulation that is standardised, flexible, accountable and effective.
- The framework for assessing Scope of Practice must be consumer centric, competency based and recognise that differently educated health professionals can deliver the same services.

# Scope of Practice

- The position of the Australian Physiotherapy Association is that:
  - The scope of physiotherapy in Australia may include both existing and emerging practices. The APA believes it is inappropriate to list the activities which are considered either within or outside the current scope of practice.
  - Physiotherapists may practice any activity that falls within the broad scope of physiotherapy providing that they are appropriately educated, trained, credentialed and competent to practice.
  - Physiotherapists working in new and innovative roles must at all times be able to demonstrate how their activities align with the professional practice of physiotherapy.

# Scope of Practice

- The position of the APA is that (cont):
  - Regulation of physiotherapy must be based on demonstrated initial and continuing competence. This process must allow and expect different professions to share overlapping scopes of practice.
  - Education providers should be encouraged to develop courses for physiotherapists that equip them with the appropriate skills and competencies to expand their scope of practice.
  - The government should implement more flexible funding models for health care service delivery.
  - The government at all levels must establish processes which identify and seek to remove barriers to innovative practice within the health system

# National Registration

- 01 July 2010 Australian National Registration and Accreditation Scheme will be introduced.
- Result in 98 different registration / regulatory authorities merging into 10 profession boards:
  - Physiotherapy , Chiropractic, Medicine, Dentistry, Nursing and Midwifery, Psychology, Podiatry, Osteopathy, Pharmacy, Optometry.
  - This has required national agreement from all 8 state and territory parliaments.
- Two years of consultation and cross profession agreement.
- Physiotherapy was the only profession to provide united voice between professional association (APA) and the Australian Physiotherapy Council (peak body of state registration boards).

# Conclusion

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