

# Gender Undervaluation – Priority Awards Review

Submission by the **Australian Physiotherapy Association**

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**Authorised by:**

Rob LoPresti  
Chief Executive Officer  
Australian Physiotherapy Association  
Level 1, 1175 Toorak Rd Camberwell VIC 3124  
Phone: (03) 9092 0888  
Fax: (03) 9092 0899  
[www.australian.physio](http://www.australian.physio)



### **Acknowledgement of Traditional Owners**

The APA acknowledges the Traditional Custodians  
of Country throughout Australia and their  
connections to land, sea and community.  
We pay our respect to their Elders past and present  
and extend that respect to all Aboriginal and  
Torres Strait Islander Peoples today.

The Australian Physiotherapy Association (APA) provides the following response to the provisional views expressed by the Expert Panel regarding the Health Professionals and Support Services Award 2020 in the Expert Panel's decision in [2025] FWCFB 74.

## About the Australian Physiotherapy Association

1. The APA is the peak body representing the interests of Australia's 45,000 physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA has more than 33,000 members.
2. The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA's committed to professional excellence and career success for its members, which translates into better patient outcomes and improved health conditions for all Australians.

## Gender Pay Discrepancy

3. [The 2023 APA Workforce Census Report](https://australian.physio/sites/default/files/advocacy/APA_2023_Workforce_Census_Report_FA_May24.pdf) [https://australian.physio/sites/default/files/advocacy/APA\\_2023\\_Workforce\\_Census\\_Report\\_FA\\_May24.pdf](https://australian.physio/sites/default/files/advocacy/APA_2023_Workforce_Census_Report_FA_May24.pdf) (the APA Census) highlights that, despite being a predominantly female workforce (68%), there are notable discrepancies in pay and career advancement opportunities between male and female physiotherapists. Males are more likely to hold management positions compared to their female counterparts, which can contribute to the gender pay gap.
4. The APA Census showed that while male and female physiotherapists tend to have relatively similar starting wages (\$77,503 and \$76,383 respectively at the foundation level), the gender pay gap increases with experience. At the expert level, males (\$154,391) earn 15% more than their female counterparts (\$131,459).
5. These findings align with broader trends in the Australian workforce, where the gender pay gap persists due to various factors, including biases in hiring and promotion, and differences in industry and job roles. (see [https://www.wgea.gov.au/sites/default/files/documents/Gender\\_pay\\_gap\\_fact\\_sheet\\_Feb2020.pdf](https://www.wgea.gov.au/sites/default/files/documents/Gender_pay_gap_fact_sheet_Feb2020.pdf)). The gender pay gap in the broader Australian workforce is reflected in the physiotherapy profession, with women generally earning less than men.
6. A key driver of progress in addressing gender-based undervaluation has been government-led reform. The Albanese Labor Government paved the way for the Fair Work Commission to properly examine gender pay disparities, enabling a more comprehensive review of these inequities. This structural change represents a critical step toward achieving fairer remuneration across female-dominated professions, including physiotherapy.
7. Accordingly, the APA is fully supportive of the Fair Work Commission's (FWC) Expert Panel initiatives to eliminate gender pay discrepancy.

## Fairer Pay for Physiotherapists

8. The APA recognises that physiotherapists' remuneration is insufficient and not commensurate with their training and responsibility.
9. The APA is actively engaged with pricing reform conversations across multiple government funding programs including Aged Care, Veteran's Health, the National Disability Insurance Scheme, the Medicare Benefits Schedule and state-based compensable schemes. The consistent messaging throughout the APA's advocacy is that fee structures must adequately reflect the skill and value of physiotherapists as tertiary qualified health professions who are registered under the Australian Health Practitioner Regulation Agency (Ahpra).
10. Therefore, the APA is supportive of the FWC Expert Panel's initiatives to increase the award rate for physiotherapists.

## Practice Viability

11. To ensure a sustainable and thriving workforce, it is imperative that the Government strengthen policy measures that attract, retain, and support essential skills across the healthcare sector, including physiotherapists. Without targeted reforms, challenges in workforce sustainability and service accessibility will persist, affecting both practitioners and the communities they serve.
12. It is crucial that the transition to the new award conditions is coordinated and pragmatic. This approach will help maintain the viability of private practices, which are a significant part of the healthcare system. The APA is committed to advocating for its members and will work with all relevant funding streams, including private health insurance, government funders and compensable schemes, to mitigate the impact of increased costs on consumers.
13. The APA's members have reported funding from government rebates and compensable schemes is not keeping pace with the cost of running a practice. In a period of record high inflation, our members are facing increasing financial strain due to operating costs across a range of areas including rent, interest rates, electricity and insurance. Increasing wages will contribute to these costs. If there continues to be misalignment between physiotherapy funding and the cost of providing care, many practices will be required to cease offering services under such schemes.
14. The APA would like to bring to the Commissions attention the concerns raised by the Private Hospitals Group comprising the Australian Private Hospitals Association, Catholic Health Australia, Day Hospitals Australia, Healthscope Operations Pty Limited and Adelaide Community Health Care Alliance. Their submissions have highlighted several key issues, including:
  - **Financial Viability:** The potential impact on the financial viability of private hospitals and other healthcare providers, given that labour costs are the largest operating expense and revenue is constrained by multi-year agreements with private health insurers and government funding.
  - **Capacity to Absorb Costs:** The limited capacity of private hospitals and pathology providers to absorb increased labour costs without additional funding or the ability to increase charges.

- **Phasing-In Process:** The need for a phased implementation of wage increases to mitigate the immediate financial impact and allow for a smoother transition.
15. The FWC's provisional views, as outlined in sections 293-301, acknowledges these concerns and suggests that while the proposed wage increases are necessary to remedy gender-based undervaluation, there should be consideration of an appropriate timetable for phasing in these increases.
  16. The APA shares the concerns raised by the Private Hospitals Group and would like to further engage with our membership to review and understand the impact this would have on our members.
  17. While recognising that this is beyond the Commission's terms of reference, a key to physiotherapy practices being able to support increased wages is a commensurate increase in revenue, and the APA recommends that in its final review the FWC's Expert Panel call for a review of healthcare funding arrangements.
  18. It is important to note that key funders such as Medicare and the Department of Veterans' Affairs (DVA) have not indexed their physiotherapy payments in line with CPI or any meaningful cost increases. In fact, Medicare rebates and DVA for physiotherapy have remained stagnant for years, while clinic overheads—rent, insurance, admin wages, utilities—continue to rise. The gap between reimbursement and actual cost of care is increasingly absorbed by physiotherapists and small business owners.

## Level 1 Physiotherapists Require Ongoing Support

19. The APA highlights that Level 1 physiotherapists at Pay Points 2–4, while holding formal qualifications, are still in the early stages of their professional development and require substantial in-house supervision, mentoring, and ongoing clinical education to practice safely and effectively—particularly in the high-expectation environment of private practice.
20. In this context, these early-career clinicians often require longer appointment times due to the need for more thorough assessments, slower clinical reasoning, and reliance on step-by-step guidance. Further, their clinical decision-making is still developing, and they frequently require input from senior clinicians to ensure best-practice care and patient safety. As a result, they generate less revenue per hour compared to their more experienced counterparts. In private practice, senior clinicians and business owners absorb the mentorship and supervision workload, often at the expense of their own billable hours.
21. The proposed uplift of 25.59% to 29.91% at Pay Points 2 to 4 significantly increases payroll costs for staff who are not yet contributing proportionally to revenue. This places additional strain on the already tight margins of private physiotherapy clinics, particularly small to medium-sized businesses that make up the majority of the sector.
22. Therefore, we urge the Commission to recognise that while these staff are essential to the profession's future, their training must be factored into any remuneration decisions. Otherwise, businesses may be forced to limit new graduate recruitment, reduce mentoring support and increase fees—ultimately reducing the availability and affordability of care.

23. Accordingly, the APA recommends a further extended timeframe for implementing the increases at these lower levels.
24. Maintaining the financial viability of private practices is critical as they are a key training ground for new graduates and essential providers of timely primary care for the community.

## Barriers to Access to Care for the Australian Community

25. Additionally, the APA is concerned about the current cost of living and its impact on the disposable income of healthcare consumers. Increased operational costs for businesses would likely result in higher costs for healthcare recipients, which could dramatically impact the accessibility of these essential services. This scenario threatens the viability of physiotherapy practices as crucial elements of the healthcare ecosystem and could decrease access to necessary healthcare for the community.
26. Without corresponding increases in rebates or third-party funding, wage increases are likely to be passed on to patients through higher out-of-pocket costs. This has a direct and concerning impact on access to essential health services, particularly for vulnerable groups. The consequences of reduced affordability or accessibility to physiotherapy could include the following:
27. **Delayed or Avoided Treatment.** When faced with higher treatment costs, many patients—especially those on fixed or low incomes—may delay or forgo physiotherapy altogether. This is particularly problematic in conditions such as acute musculoskeletal injuries, post-surgical rehabilitation, pain management and neurological or degenerative conditions (e.g., Parkinson's, MS).
28. **Worsening Health Outcomes.** The delay or absence of physiotherapy can result in:
  - Increased pain, disability, and loss of function
  - Higher risk of falls or complications, particularly in older populations
  - Loss of independence, leading to earlier need for aged care or supported living
  - Mental health deterioration, due to chronic pain and reduced mobility
  - Greater use of medication, especially opioids or anti-inflammatories, increasing risks of dependency and adverse side effects.
29. **Increased Pressure on the Public Health System.** When preventable or manageable conditions deteriorate due to lack of access to timely physiotherapy, patients often require more intensive care down the track, including emergency department visits or hospital admissions. This leads to greater reliance on public hospital outpatient services, which are already stretched and significantly increases the long-term economic burden on the healthcare system.
30. **Reduced Workforce Participation.** For working-age Australians, poor access to physiotherapy can prolong or prevent return to work. This leads to lost productivity, both for the individual and the broader economy, places greater strain on income support systems (e.g., Centrelink, Workers' Compensation) and reduces overall community and economic participation.

31. **Exacerbation of Health Inequities.** Those most likely to be affected by increased fees include people with the least ability to pay for private services and the greatest need for accessible care such as pensioners and concession card holders, people in rural and regional areas (where public services are limited) and low-income families.

## APA Recommendations

32. Accordingly, while the APA supports the proposed wage increases it also calls for further examination of the cost impacts and sustainability of the proposed changes. We recommend that the Commission:
- **Conduct Further Modelling:** Allow for additional submissions and evidence to provide more concrete modelling of the cost implications and to explore potential funding solutions.
  - **Implement Phased Increases:** Consider a phased approach to implementing wage increases to allow healthcare providers to adjust gradually while maintaining financial stability.
  - **Engage with Stakeholders:** Continue to engage with all relevant stakeholders, including private health insurers and government bodies. The APA welcomes ongoing consultation on this issue as physiotherapy's representative body.
  - **Extend the implementation timeline of pay increases for level 1 physiotherapists:** to maximise the opportunities for new graduate physiotherapists to secure employment and enter the workforce.
  - **Consider Regional and Remote Implementation:** Recognise the unique challenges faced by healthcare providers in regional and remote areas, including differences in salary expectations and costs of living when compared to metropolitan areas. Tailored support and phased implementation strategies should be developed to address these specific needs and ensure equitable access to healthcare services across all regions.
33. The APA recommends that the FWC's Expert Panel calls for a review of healthcare funding arrangements and recommend that government and non-government healthcare funders engage with the APA to review and adjust healthcare funding arrangements. This review should aim to support the proposed changes without negatively impacting healthcare providers and the community, ensuring that increased costs do not hinder access to essential healthcare services.
34. We appreciate the opportunity to provide feedback and look forward to collaborating with the Commission to achieve a balanced outcome that benefits both physiotherapists and the broader community.