

A Statement from the Australian Physiotherapy Association

We need to tackle the critical workforce shortage in physiotherapy

The Australian Physiotherapy Association (APA) believes in a policy vision that values and recognises the whole health workforce; a vision that values the full benefits of physiotherapy for better health outcomes for patients and a more cost-effective health system.

The Jobs and Skills Summit provides a critical policy moment to plan and set down meaningful policy action to avoid a health workforce supply crisis. From a health workforce perspective, the APA supports the strong focus on the care and support sector where policy inaction has seen the skills profile of this vital workforce deteriorate. It is this workforce that remains the most undervalued, resulting in low job satisfaction and low relative pay and it must be prioritised. However, the APA considers a wider policy lens is needed to seek opportunities from within the entire health workforce, a workforce that is in desperate need of attention, investment and reform.

On the eve of the summit, the APA is calling for more focus on investment for all health disciplines experiencing shortages alongside funded solutions to achieving an optimal balance of skill mix in addressing patient need. A priority must be placed on the professionally qualified clinical and regulated staff groups, including both doctors and nurses, encompassing a number of vital allied health professions. This group, which includes physiotherapy, the fourth largest group of registered primary health care professionals—where we are now facing a supply crisis, and in need of urgent nationally directed interventions.

The broader economic benefits found through efficiencies by moving care from hospitals into primary and community health services, and at the primary and acute care interface as a key policy aim will require a broad set of disciplines. Investing in the development of physiotherapists is essential to delivering on these commitments and taking the pressures off the high costs parts of the system. This will need a broader focus on skill retention and a level of policy and planning alignment to fully examine the changing profiles through a national workforce plan. Greater focus also on the improved utilisation of skills through advanced scope of practice roles to address current and future need. In addition, reform must tackle the existing system complexities including removing barriers to integrated care.

The APA offers the following policy direction to the key areas impacting on the health sector, as a large and growing industry, the health workforce and particularly the physiotherapy workforce against the relevant themes as outlined in the *Jobs + Skills Issues Paper*.

APA response to the Issues Paper

Theme 1 | **Maintaining full employment and growing productivity**

High health care spending doesn't always translate to high-value care. In transforming our health care system, important quality-of-life aspects must factor strongly alongside faster treatment, better outcomes, and lower costs. Falling living standards during the pandemic need are now impacting and lifting participation in the labour force is key. However, various economic and noneconomic factors affect and lift living standards including health, education and social protection. The care economy, as one of the fastest expanding sectors, is vital to productivity and restoring fairness more broadly, and in creating jobs and closing the gender gap.

In setting these fair foundations, we need to look at the value and impact of the entire health workforce to address inefficiencies through **structural transformations** that can reconnect care pathways, improve patient care and make better use of the health workforce.

Australia can deliver a stronger health system now through some easy reform fixes—we can find efficiencies through addressing the structural barriers, strengthening our data systems to consolidate the best available national evidence to inform planning, and through a more prescriptive skills focus supporting advanced skills that can facilitate more multi-disciplinary, team-based approaches to enable high-quality care.

However, significant reform is required to optimise this workforce to allow person-centred, relational models of practice and adequate time for care. It is clear that optimal models cannot work in an underfunded service environment where changing patterns of demand, significant reform and incremental change have not been matched with appropriate changes in funding models.

In prioritising growth in the care economy, there is a need to **optimise skill mix** in the care and support sectors.

Health workforce policies to increase the skills of the workforce is important to raising productivity. A focus on attracting and retaining critical skills and enabling higher-level skills is vital to addressing quality and supply concerns. This will require a sustained policy effort with focus on enabling the required workforce transitions to new models of care across the health system. Investment in new publicly funded physiotherapy is needed to drive new models of care.

The APA is calling for increased funding to develop the existing physiotherapy workforce including enabling upskilling and advanced skill acquisition to manage increasing complexity and co-morbidities. Career pathways, recognition of specialisation (such as Gerontology titling), and management opportunities make employment in the sector attractive and helps retain experienced professionals. Funded clinical placements are also important to help attract practitioners into the sector (covered in Theme 3).

More broadly, sustained growth in the care economy will require a shift and approach that values care work and in particular care and support workers. Valuing this vital workforce is important to addressing Australia's insecure work

crises which begins with prioritising funding models that ensure fair remuneration to attract and retain the workforce. Despite increasing levels of demand and increasing complexity of care, it is this group that remains the most undervalued, resulting in low job satisfaction and low relative pay. A priority focus needs to be placed on this essential component of the care workforce where a lack of investment has seen the skills profile of the workforce deteriorate, leading to serious policy impacts which translate as missed or rationed care and resultant neglected care. This abuse and neglect has been clearly evidenced in the two royal commissions into aged care (final report tabled on 1 March 2021) and disability (report pending time extension to 29 September 2023).

Theme 2 | **Boosting job security and wages**

For the predominantly female health care workforce, the pandemic has worsened existing gender inequalities. Flexible work will be key to recovery. For physiotherapy, the average hours worked by women have not increased at the same rate as they have for men.^A

The impact of COVID-19 and **unresolved gender disparity** impact on physiotherapy needs national leadership to direct workforce planning and incentives for post-COVID recovery.

We need a national plan for the physiotherapy and broader allied health workforce to match current and future supply and demand. Strengthening data and systems to undertake needs analysis is critical to this task and must be prioritised. To build capacity and to ensure future discipline growth, we need more policy attention to a number of key factors that influence the short careers of physiotherapists—issues that include poor remuneration, lack of skill recognition and limited career progression which factor strongly alongside a lack of peer support.

Practice viability and service provider costs in ensuring a viable and ongoing service is crucial to building operating-model resilience, removing barriers to employment and building a sustainable workforce.

Strategies to support private practice models will be required to support the post-pandemic recovery with more focus on the interrelated dimensions of viability in the context of pricing, workforce shortages and uncertainty. The policy impact of the price limit freeze in the National Disability Insurance Scheme (NDIS) for the fourth consecutive financial year has placed considerable strain on practice revenue while costs (overall costs and wages) are increasing. The absence of even indexation to the Consumer Price Index (CPI) remains a disincentive to participate in a scheme. This uncertainty presents a significant barrier to employment as practices are reluctant to hire more people where there is doubt that revenues will be sustained. There is a need to provide three to five years price certainty in the NDIS with indexation to CPI and wage growth.

Similarly in aged care, the uncertainty about funding reform has resulted in a 50% reduction in contracted hours offered to physiotherapists. We expect an exodus of the physiotherapy workforce – as a result of job insecurity and lack of career pathways and opportunities.

^A ABS Labour Force, Australia, Detailed (Released 23/12/2021).

Theme 3 | **Lifting participation and reducing barriers to employment**

The pandemic has exposed a broken healthcare system and it is the health workforce that remains most vital for the economy and the wellbeing of our nation. In lifting participation and reducing barriers to employment, the important issue of retention and retention strategies for the existing health workforce cannot be overlooked. At a time when the demand is increasing and the workforce force is struggling to meet current needs, effectively utilising the existing allied health workforce is where reform should begin.

A focus on physiotherapy retention

Physiotherapy already faces a **high attrition rate** at five to 10 years of clinical practice. In recent years we have seen retention rates soar with an estimated 55 to 60% leaving the profession within 10 years. The true attrition rate is likely higher. Further, demand for physiotherapists is growing faster than supply with a significant underlying shortage evident in the high vacancy rates.^B Evidence of increasing physiotherapy workforce shortages has emerged with a gendered impact from COVID at a national level.^C Anecdotally, an impending supply issue is also emerging across specific patient groups due to increasing service demand nationally for physiotherapy services with geographical imbalances causing health inequalities also requiring urgent policy attention.

It is clear that unless we see a shift to address these vital retention factors we will continue to see demand outstrip supply and an attrition rate that is already among the highest of the health disciplines.

The pandemic has led to significant changes in physiotherapists' working patterns. This was evident in a recent survey of more than 880 physiotherapists conducted by the APA in August 2022 on retention factors including career longevity and burnout.

Results showed that the pandemic has had a sharp impact on both employment and hours worked by physiotherapists. Physiotherapists reported burnout factors including nearly 60% indicating that they felt more stressed at work (57%). Other factors such as increased workload impacted on 49% with 45% feeling more at risk of exposure to Covid-19. Broader stress factors including workload resulted in 40% of physiotherapists reporting a slightly unmanageable workload with 10% stating an extremely unmanageable load.

Important recognition and intrinsic factors were also tested. Only 7% of the physiotherapists surveyed felt that they were appreciated as a health practitioner during the pandemic. Nearly a quarter (26%) said that they were proud to have contributed, however, of the remaining responses received, close to one-third (28%) felt the government had undervalued their work during the pandemic. A further 21% stated that it had been tough economically. More broadly,

^B Australian Government Labour Market Information Portal Vacancy Report (August 2021); and Ahpra Physiotherapy Board Statistics.

^C ABS Labour Force, Australia, Detailed (Released 23/12/2021).

most (41%) were satisfied with their work as a physio, 27% extremely satisfied, 18% slightly dissatisfied with only 9% neither satisfied nor dissatisfied and 5% extremely dissatisfied.

A subsequent survey of 749 physiotherapists issued in late August 2022 provided further insights on career intentions.

When asked about their longer-term intentions, 55% of physiotherapists indicated that they had no intention of changing careers. However, a further 22% or one-fifth of the workforce indicated an intention to leave the profession: results showed 11% considering leaving physiotherapy and moving into another area of health care, and a further 11% considering a career change outside of health care. For those intending to leave physiotherapy, the main reasons for leaving included feeling burned out (38%), better salary or other financial benefits (33%) and seeking better work-life balance (29%). In addition, further uncertainty for private practices can be expected from movement reported by those staying within physiotherapy. A further 9% stated that they were staying in physiotherapy but looking for another job and impacting on the participate rate a further 14% were considering reducing the hours they work.

The financial impact of the pandemic is also reflected in these results. When asked about the short-term and long-term viability of their practice, more than one-third (36%) indicated that they were concerned. The pandemic has presented many challenges for practice owners, with practices having to adapt significantly to ensure patient care continued. When asked about the greatest impact on the sustainability of their practice or the practice where they work, 22% indicated no impact at all while 19% indicated few patients presenting for usual care, a further 17% cited increased expenses in response to the demands of Covid-19, and 14% inadequate physiotherapy rebate. Other issues included reduced income (10%), changed employment or personal circumstances (10%), prolonged illness (6%) and reduced work hours (2%).

Rural workforce

In working through the reform solutions for theme 3, housing and cost of living in rural and regional areas must factor strongly.

Disability providers in rural and regional areas, particularly in tourist areas, report difficulties for new hires to find housing near the place of work. The rising costs of petrol means that it is also getting more difficult for employees to commute long distances – the cost of going to work becomes too onerous. Governments need to invest in housing in rural and regional areas and provide broader incentives to make rural jobs more attractive to health workers including offering continuing education. Incentivising multidisciplinary care in private practice to provide a context and structure to enable person-centred comprehensive care by multiple disciplines is a key reform requirement. Representation from a number of Allied Health Professionals (AHPs) is important to facilitating this care, particularly for coordinated disability support which requires a strong team of physiotherapists, occupational therapists, speech pathologists, and psychologists.

Theme 4 | Delivering a high-quality labour force through skills, training and migration

For the health workforce, a stronger national focus on recruitment and retention is needed, with attention to skill supply issues, ensuring adequate supports and focused development for growing areas of need. This

would need to include a targeted Commonwealth-led nationally funded training pipeline for the physiotherapy profession to increase strategic health workforce planning and impact, particularly in addressing maldistribution, alongside an incentivised skill acquisition pathway for the existing workforce enabling strong skills growth.

Australia's skills and training system cannot meet the economy's needs with the absence of data. We currently lack measures of service demand to inform health workforce planning particularly in allied health where there is a need for a national allied health workforce plan and minimum dataset. This is further compounded by a lack of planning and coordination between supply (training) and demand. Practice viability remains a major factor in the recruitment and retention of physiotherapists, particularly in rural areas, with a need for incentives to facilitate training across the full training continuum.

Adequate skill supply factors

Physiotherapy workforce shortages are having a significant impact on the stability of our workforce resulting in a scarcity of senior staff in advanced practice roles. Policy action is needed to ensure an adequate supply of skills for growing areas of need—acute and subacute, aged care and disability. For strong skills growth, workforce solutions must focus on facilitating wider scopes of practice and ensuring a greater emphasis on multidisciplinary care. A focus on the full health workforce is required to allow a more diverse skill mix to enable person-centred approaches across sectors. More focus on specialisations or higher skill levels within the existing Ahpra-registered professions is important to ensure patients have access to high-quality care that is safe, meets individual needs and supports their quality of life.

The biggest movement of physiotherapists happens early in their career and we need to address these retention issues. The key contributing factors impacting on workforce attrition and retention include critical pressure points from a lack of funding and incentives with impacts on skill utilisation, business viability and workforce distribution. Workforce sustainability can only be realised through a commitment to increase resources for publicly funded physiotherapy and through incentives to support training. The one key measure, the Workforce Incentive Program (WIP), is poorly designed and does not support the distribution of the physiotherapy workforce.

Training pipeline

Investing in training and upskilling the young physiotherapy workforce in providing supports to people with disability and older Australians must be a priority. In building a training pipeline, factoring the cost for practices to train the next generation of skilled workforce is imperative. To provide supports to people living with disability, there are learnings that occur 'on the job' and not at university. This will require funded support that allows clinical supervision and mentoring for new graduates and students to 'learn on the job' with experienced physiotherapists without impacting participants' plans. In addition, funding for experienced physiotherapists to provide training and mentoring to local clinicians in regional, remote and rural areas to build capacity in local workforces and reduce the need, and subsequent cost, of providers travelling further afield.

A related required reform lies in an immediate need to address the current legislative changes which impact the ability of physiotherapy students to learn while undertaking clinical placements in private practice. An increasing number of

physiotherapy graduates are seeking employment in the private sector and there is a need to ensure our next generation of physiotherapists have the skills to undertake work in this setting. Improving health workforce data and evidence is vital to identifying gaps in health service provision and to inform future health workforce planning.

Skilled migration

The pandemic has worsened critical workforce shortages by limiting our ability to supplement the workforce through skilled migration. It is unlikely that steady growth in new graduates entering the physiotherapy profession and increasing registered physiotherapists each year will be enough. Policy work needs to be prioritised to address the pandemic-era border policies including streamlining processes in skill recognition, and ensuring cleaner pathways to permanent residency. While the focus on skill supplementation through skilled migration to address the supply crisis as a short-term measure is important, the focus should be on building and retaining the domestic health workforce.

Theme 5 | Maximising opportunities in industries of the future

For the care and support workforce, extensive reform is required to address the serious neglect, policy failure and broader impacts brought about by the marketisation of vital services. This is reliant on a funding model that can facilitate individualised care to address the complex needs of each priority cohort ensuring patients get the right care, support, and dignity they deserve. Sustainable workforce supply will only be achieved through funding reform and prioritising discipline-specific inputs to skills planning taking a holistic view across sectors. A focus on attracting and retaining critical skills and enabling higher-level skills is key to addressing quality and supply concerns to ensure these priority cohorts get the support they deserve.

It is important to note that labour shortages in the care workforce, which is highly feminised, as a set priority against theme 5, cannot be addressed in isolation from the broader reform requirements. This will require a much broader policy response in tackling ongoing workforce shortages across a number of priority disciplines. Significant reform is required to optimise the current health workforce but a reactive policy response to fix one component of the health workforce will fail when set against an underfunded service environment. Gaps in the health workforce including in supply, distribution and skills limit accessibility and undermine service quality. This is impacting some critical areas of the care economy including aged care and disability, and where the government has influence on the financing of these vital services.

Physiotherapists provide expert high-quality supports in the care and disability sectors. Developing a valued based care model that ensures fair remuneration for providers will support patients, the workforce and the health system as a whole. There are a number of quality factors that need to be considered in this context. Firstly, comprehensive one-on-one assessment and care, and ongoing reviews, are key to ensuring appropriate care. While the different components of treatment working collaboratively together is essential, caution that individualised care is not replaced by group therapy, and that care continues to be delivered by qualified professionals. In these sectors, the priority should be on retaining existing physiotherapy workforce, and attracting and retaining a sustainable physiotherapy workforce in the future.

Transparency in reporting and accountability is also important to ensure appropriate levels of care but is difficult in the absence of minimum benchmarks. There is a need for the development of health workforce benchmarks in the residential aged care setting. A lack of benchmarking of appropriate levels and scope of physiotherapy care has led to a lack of support for specific, mandated care provision. While it is understood that there will be greater reporting of physiotherapy in quarterly financial reporting (hours per facility) it is not granular enough or skills/needs focused enough to unpack the value. The policy consequence of such limited measurement is that service accessibility is compromised including inadequately implemented funding for physiotherapy and inadequate data capture.

It is also important to note that the care and support workforce, particularly in the aged care and disability sectors, is often reliant on delegated practice and under the supervision of other disciplines to ensure their safe and effective use. Maintaining an appropriate level of allied health professional to unregulated allied health assistant (AHA) is critical. This is a significant issue for aged care where the ratio of AHAs to qualified AHPs is reducing impacting quality care where there are unqualified carers and AHS delivering care without appropriate supervision. The workforce must be sufficient to ensure that unregulated AHAs continue to work under the supervision and delegation of an AHP to assist with therapeutic and program-related activities.