Submission

Unleashing the Potential of our Health Workforce

Scope of Practice Review

Via email to ScopeofPracticeReview@Health.gov.au

Submission by the **Australian Physiotherapy Association**

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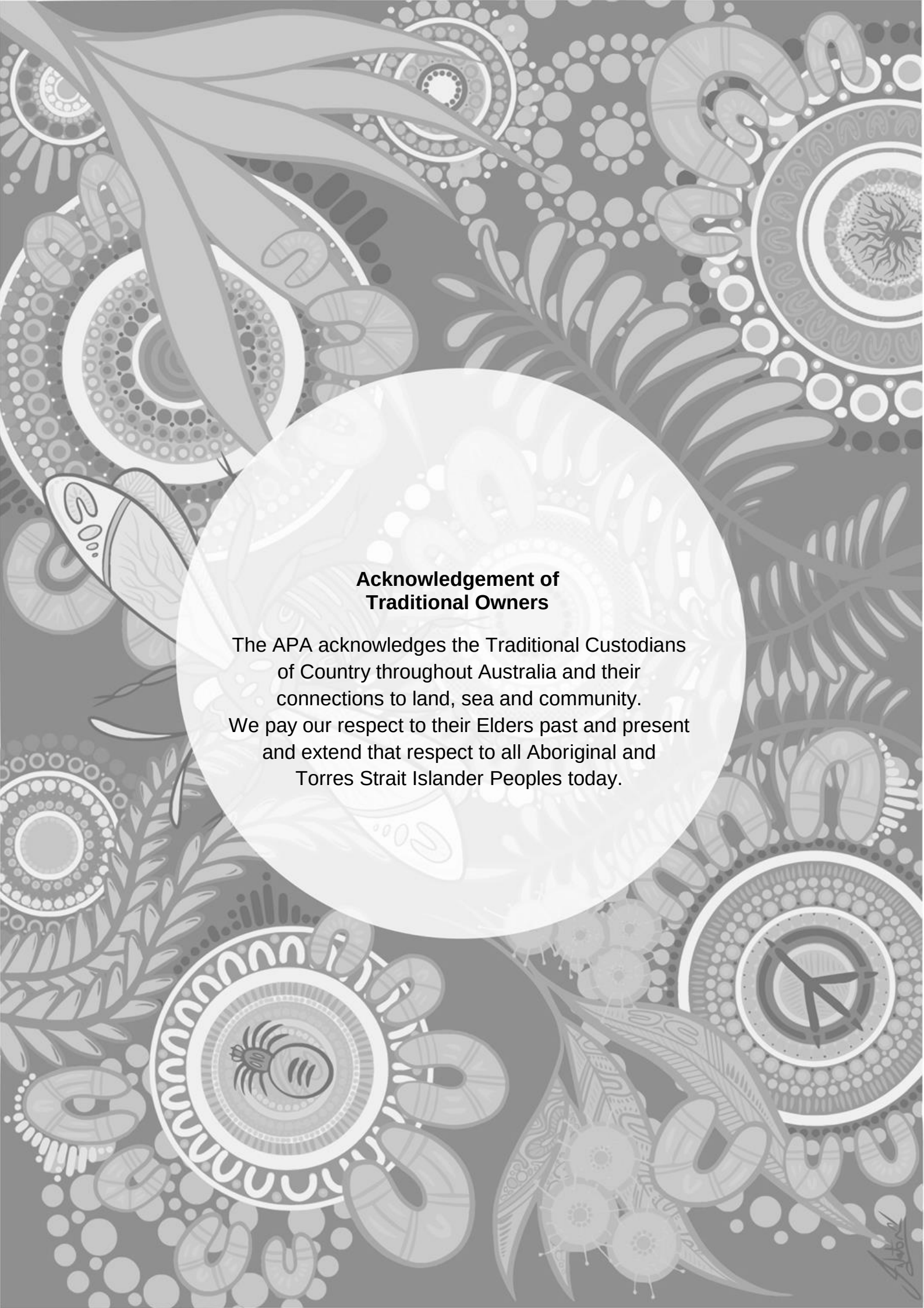

Acknowledgement of Traditional Owners

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.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) 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 is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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1. Executive Summary

Introduction

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the independent review of scope of practice in primary care through the consultation for the *Unleashing the Potential of our Health Workforce (Scope of Practice Review)*. We welcome the Australian Government's commitment to reviewing discipline scope as part of the Strengthening Medicare funded measure to drive the deeper structural reform now required in primary care. We see this review as a key step forward in a reform process that can bring us close to a value-based healthcare system.

The APA has put forward evidenced reform solutions, including to the Strengthening Medicare Taskforce, to help drive improvements in health system design, address inequities, and improve efficiencies through advancing team-based care. In this submission, we present solutions in utilising our core discipline strengths to drive better, connected and integrated care that will deliver the four outcomes governments and patients want—high-value care, reduced costs, improved efficiency and enhanced patient ownership of their own healthcare.

Physiotherapists were identified as key contributors to improving Australia's outdated healthcare system in a recent Grattan Institute report, which outlined the potential of the physiotherapy workforce to improve primary care and increase access. The report outlined key system deficiencies stating a "very significant gap" between the contribution physiotherapists are able to make and "what funding and policy let them do in Australia" and recommended engaging an "independent commission to remove regulatory barriers that stop primary care workers from safely using all of their skills".[1] Therefore, it is clear that new physiotherapist-led primary care models are reliant on a greater understanding of the role of physiotherapy by funders and health system planners.

The APA would welcome the opportunity to brief the Taskforce as they progress through the next phases of the review towards a finalised framework that unleashes the full potential of the health workforce in primary and community healthcare.

APA Position

Unleashing the potential of physiotherapy

Investing in the physiotherapy workforce is essential to delivering on the Government's vision to Strengthen Medicare and take the pressure off the high cost parts of the system.

This reform process should aim to ensure affordable and universal access to best practice health services and value for both the individual patient and the health system. The APA shares the vision that every Australian should have access to high quality healthcare and support, regardless of where they live. Australians also deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. This will drive better health outcomes, improve the utilisation of our healthcare resources and help overcome the inefficiencies in primary care and the hospital sector. There is significant opportunity within physiotherapy to leverage existing skillsets and scope to address system inefficiencies in primary care.

Driving system inefficiencies is the current complexity of the healthcare system, particularly in financing care, including the federal-state separation, and unless comprehensive national reform is undertaken, patient journeys will remain inefficient. Investing in preventive care and timely treatment can prevent the need for more costly medical interventions. Instead, our system defaults to a medical/surgical specialist referral pathway which fosters low-evidence surgical intervention, simply because evidence-based first line interventions which are the best clinical alternatives, are not publicly funded or available to all, as well as a lack of public and medical awareness of the best clinical alternatives such as physiotherapy. Reform needs to address upstream issues in primary care rather than continue to direct a disproportionate investment in tertiary care.

Real reform would provide better access to quality assessment and primary management, providing access to evidenced-based first line management for people who do not have the means through private healthcare or compensable bodies. Just under half of the Australian population do not hold private health insurance, and for those who do, rising premiums are impacting the uptake of insurance, with many opting out of 'extras cover' further reducing access to evidence-based first-line care. In addition, reform must tackle barriers to integrated care including the need to address the unnecessary impediments to direct referrals.

For strong skills growth, workforce solutions must focus on facilitating wider scopes of practice through leveraging the existing skillsets held by a range of regulated health professions. A greater focus is also required on the improved utilisation of skills through advanced scope of practice roles to address current and future need where the evidence already exists for the capacity of regulated health professionals working in advanced practice to improve outcomes, experiences and health service efficiency. Using a physiotherapist's full scope of practice will enhance and promote workforce retention and satisfaction by allowing physiotherapists to utilise their full skillset.

Priority reforms for physiotherapy

Enabling physiotherapists to work to the full extent of their clinical practice

Urgent reform is needed to remove the barriers to practice and care to ensure physiotherapists can practice to the full extent of their core education and training, and advanced skills training.

Physiotherapy is critical to improving the patient journey, and to reducing costs, unnecessary servicing and preventable delays. More can be done to capture the opportunities from within physiotherapy in primary and community healthcare to prevent unnecessary onward referral, hospitalisation and to reduce the length of hospital stays. This is particularly important as we shift from a reactive to proactive healthcare system and towards a preventive focus on chronic disease prevention and management. In shifting from volume to value, it is in physiotherapy and allied health models that we find solutions, a sector that is inadequately funded or not publicly funded at all. Instead, our system defaults towards surgical and medication intervention instead of high quality assessment and implementation of evidence based, guideline recommended first line strategies, which the physiotherapy workforce is ideally equipped to deliver.

As a profession, the health benefits and effectiveness of our interventions and the value we provide to the healthcare sector is proven in the research literature. The opportunities for reform include solutions in primary care, in community care and at the acute and primary care interface in community care. These extend to secondary and tertiary care, from community-led rehabilitation facilities such as intermediate care to sub-acute and post-acute services, and out-of-hospital models of care in the home. Specialist and advanced practice physiotherapists are an under-recognised value-added step between the GP and medical specialist. Increased utilisation of the skills and competencies of these clinicians can positively contribute to the health of Australians who suffer the burden of complex/persistent musculoskeletal (MSK) pain complaints.[2]

Reform starts here

Physiotherapists, as primary contact practitioners, have the expertise to manage the care of patients at various stages of the chronic disease continuum.

For the more than 11 million Australians who live with one or more chronic health conditions, receiving team-based primary healthcare, including access to physiotherapy, is vital for the management and prevention of future health problems. Physiotherapy provides a path to better health and wellbeing and holds some of the most promising models in reorientating the health system towards primary care. It is time for a system where the patient stands firmly at the centre, with Medicare-funded First Contact Physiotherapy, specialist referrals, referral for imaging, and enhanced medication prescribing rights for physiotherapists.

In this submission, we outline the key opportunities for advancing physiotherapy scope in primary and community healthcare to both reducing GP load and enhance patient care that expands reform from referral mechanisms to publicly-funded FCP and beyond. A key reform opportunity lies in physiotherapy-led non-operative pathways to provide solutions for patients in pain while driving efficiencies into the system and alleviating patient waiting lists. The **top five opportunities** are briefly outlined below, with an expanded discussion provided in *Section 3.4, Real life examples* which encompasses autonomous prescribing and broader physiotherapy-led models to address the barriers to high quality care.

There is a need for targeted funded models to address an increasing disease burden including prioritisation of the prevention and rehabilitation of low back pain, pain management (complex and simple), and vestibular rehabilitation, pre and post-natal care and falls prevention in our most vulnerable. In addition, there is a need to drive models towards non-operative management, including non-surgical management of osteoarthritis and care for ACL tears, as well as pre and post-operative physiotherapy in primary care to improve efficiency of care and reduce medical costs at the health system level.

Priority 1 | Funded First Contact Physiotherapy

First contact physiotherapy practitioners can manage musculoskeletal conditions effectively to reduce the load on GPs in primary care.

Very limited levels of publicly-funded access to physiotherapy in primary care means that Australians are missing out on better and faster access to diagnosis and treatment of MSK pain and conditions. There is a need for investment in innovative models that offer patients with MSK pain, direct compensable access to physiotherapists as experts in providing this care. For patients at high risk of future hospitalisation, publicly-funded FCP in primary healthcare in Australia will enable a more efficient health system that provides better and faster access to diagnosis, treatment, and care of MSK pain and conditions.

In a funded FCP model of care, patients can see a physiotherapist first in a primary care setting and receive the care they need while avoiding out-of-pocket costs. Funded FCP already operates to some extent within Aboriginal Community Controlled Health Organisations, and overseas. Models facilitating direct access to physiotherapy tested elsewhere have proven effective in reducing inappropriate healthcare utilisation, including opioid prescriptions and imaging, compared to traditional models, without compromising safety or clinical outcomes.[3]

It is important to note that FCP has existed in the private health system very successfully and safely since 1976 when the community were permitted to attend physiotherapy without a doctor's referral. Recognition of physiotherapists as publicly-funded FCP, in the form of Medicare-rebated item numbers for primary care that do not rely on GP referral pathways and that are apportioned based on patient need, is essential to improve access to physiotherapy services, particularly in rural areas.

Priority 2 | Physiotherapist direct referrals

A key requirement in enabling disciplines to work to their full scope is to recognise and provide support for the different roles played by healthcare professions across the patient pathway.

The APA advocates for a patient journey in primary care that is accessible, affordable, guarantees the best health outcomes for patients with MSK conditions, allows practitioners to work at the top of their practice and is fiscally responsible. Therefore, we call for the immediate removal of costly structural barriers that make it harder for patients to access the care they need, when they need it, and call for the implementation of new Medicare Benefit Schedule (MBS)-subsidised referral pathways to allow physiotherapists to directly refer to orthopaedic surgeons and to request imaging for MSK conditions. Recent modelling undertaken by Nous Group estimated significant cost savings for the system in enabling physiotherapist direct referral to specialist and digital imaging.[4] This builds on earlier research that also identified physiotherapist specialist referrals as cost effective.[5]

Priority 3 | Physiotherapy in Medicare Urgent Care Clinics

Improve access to care at the primary and acute interface through the inclusion of physiotherapists in the staffing and funding models in Medicare Urgent Care Clinics.

Physiotherapists working to their full scope of practice is a solution to both the GP and ED crisis. Physiotherapy is key to ensuring continuity of care in primary and acute care because they can alleviate GP workloads, and divert people with urgent but non-life-threatening conditions from EDs. Ensuring physiotherapists are utilised in Medicare Urgent Care Clinics (UCC), where a significant proportion of the likely patient load in these clinics will be MSK conditions such as sprains, strains and spinal pain—conditions best managed by physiotherapists, will be key to their success.

Priority 4 | Physiotherapy-led non-operative pathways

Physiotherapy-led non-operative pathways to reduce surgical wait-list times, reduce the need for specialist reviews and reduce surgical intervention rates.

Non-operative pathways that are led by the physiotherapists work efficiently across many MSK conditions, as well as medical and surgical pathways such as urinary incontinence treatment, to prevent costly surgical interventions. Primary review and treatment by skilled physiotherapists can help to avoid surgical interventions, avoid hospitalisation, reduce length of stay in hospital, shorten surgical waitlists and improve patient satisfaction. The cost benefit of avoiding surgical procedures and specialist reviews is significant. Service solutions include physiotherapy-led Orthopaedic Screening Clinics for patients with chronic MSK conditions who do not need immediate surgery and who will benefit from well-coordinated multidisciplinary management.

Priority 5 | Leverage proven advanced practice models used in secondary and tertiary care

Expand advanced practice physiotherapist role in primary and community healthcare to increase non-surgical evidenced-based primary management and preventive strategies to help satisfy unmet patient need across a range of areas.

Physiotherapists work across the healthcare system providing many opportunities for physiotherapists to lead care, including in leveraging advanced practice physiotherapy hospital-based models. Advanced practice physiotherapists already work in advanced level clinical roles to improve service efficiency, pathways and outcomes in many clinical specialties in hospital care, such as in Emergency, Orthopaedics, Neurosurgery, Rheumatology, Urology/Gynecology, Neurology and ENT services. Advanced practice physiotherapists use high levels of clinical expertise and experience to assess and co-ordinate care for specific cohorts of patients, often with complex presentations. There is significant opportunity to leverage and utilise this highly-skilled clinical workforce.

Conclusion

Too many Australians are without access to prevention, early detection and quality care. And for too many, this means that they must live with chronic pain. More money is spent on MSK disorders, such as osteoarthritis and back pain, than any other disease, condition or injury in Australia, at a cost of $14 billion.[6] The MSK burden is a leading cause of disability and the progression of chronic conditions, and impacts close to 7 million Australians, the majority of whom are of working age.[7] It is these priority populations that will benefit the most from physiotherapy-led prevention and management—the first step involves gaining access to affordable healthcare. Unleashing the full potential of physiotherapists by enabling them to work to the full extent of their education and training will help to address this significant MSK burden on the health system. In enabling scope, it is important to the community, to the health system, and to our discipline to allow physiotherapists to work at the full extent of their clinical practice. This is key to the reform fix and to ensure patients access the right care, in the right place, at the right time, by the right provider to optimise patient outcomes.

2. Recommendations

The APA has identified a number of primary and community healthcare reform pathways to enable patients to faster access the care they need. Investment in publicly funded physiotherapy will advance health, improve care and increase value. In addition, two simple solutions to streamline the patient journey in primary and community healthcare can be achieved now. Firstly, by funding primary care Medicare-rebated item numbers to enable physiotherapists to directly refer patients to orthopaedic surgeons without a reliance on a GP referral, and secondly, to expand medical imaging rights to physiotherapists.

Recommendation 1 **Funding reform**	Provide better and faster access to diagnosis and treatment of musculoskeletal pain and conditions in primary care through publicly funded **First Contact Physiotherapy**.
Recommendation 2 **Funding reform**	Improve the patient pathway in primary care with **MBS-rebated physiotherapists' referrals** to orthopaedic surgeons and requests for digital imaging.
Recommendation 3 **Funding reform**	Improve access to care at the primary and acute interface through the inclusion of physiotherapists in the staffing and funding models in **Medicare Urgent Care Clinics**.
Recommendation 4 **Funding reform**	Fund **physiotherapy-led non-operative pathways** to reduce surgical wait-list times, reduce the need for specialist reviews and reduce surgical intervention rates.
Recommendation 5 **Scope of Practice Reform**	Leverage existing and evidence based **advanced practice physiotherapist models** established in secondary and tertiary care to improve care pathways in primary care.
Recommendation 6 **Scope of Practice Reform**	Allow appropriately qualified and experienced physiotherapists to **autonomously prescribe** medicines within their scope of practice where it supports patient outcomes, service efficiency and reduces unnecessary steps in the patient journey.
Recommendation 7 **Funding reform +** **Scope of Practice Reform**	Prevent unnecessary hospitalisation through physiotherapy-led primary care interventions including **chronic pain and pain management** across preventive and rehabilitative services.
Recommendation 8 **Workforce Reform**	Prioritise funded supports for **higher clinical skills**, including critical healthcare professions, such as physiotherapy, to ensure continued safe and quality care by directing the required clinical expertise.

Taskforce to note: There is a significant body of evidence in relation to the benefit of allowing physiotherapists to work as close as possible to the top of their scope (please refer to Section 3.4, Table 1). The Taskforce should also look to the evidence base as detailed in the MBS Review Taskforce on Primary Care. This was a significant body of work which considered how MBS items could be better aligned with contemporary clinical evidence and practice, to improve health outcomes.

3. APA's response to the consultation questions

3.1 About you

Q1. Which of the following perspectives best describes your interest in the Scope of Practice Review?

· Allied health · Peak body

Q2 What is your postcode?

National peak body based in Camberwell, Victoria (3141).

3.2 Benefits of expanded scope of practice

Q3. Who can benefit from health professionals working to their full scope of practice?

Please select all that apply

- ☑ Consumers
- ☑ Funders
- ☑ Health practitioners
- ☑ Employers
- ☑ Government/s
- ☑ Other

Environmental benefits.
Enabling multidisciplinary teams.

Q4. How can these groups benefit?

Please provide references and links to any literature or other evidence.

☑ See APA's response directly below.

APA response to the benefits of expanded scope of practice (Q4)

*Key point: **Everyone benefits** from health professionals working to the full extent of their skills and training—importantly, it is the patient that benefits the most.*

Escalating costs, changing population needs and increasing complexity is putting pressure on primary care systems. In changing the way primary care and community healthcare is delivered, including supporting a greater role for physiotherapists, nurses and other allied health practitioners, a focus on attracting and retaining critical skills and enabling higher-level skills is key to addressing quality and supply concerns. Reform that enables practitioners to work as close as possible to the top of their scope provides broad system benefits. For practitioners, this leads to greater satisfaction and will improve the performance of health systems by lowering overall expenditure. This will improve access to primary care and community healthcare and lead to better outcomes for patients.

Key individual and health system benefits

Targeting spending on physiotherapy would bring more value for money by reducing the need for costly secondary care. The potential for efficiency gains is significant across a range of areas including in managing complex and chronic conditions, the prevention of falls and pain management. Through cost-effective decisions that maximise gains, physiotherapy also generates societal benefits via second order productivity gains. This includes maintaining a healthy and productive workforce and addressing the economic burden of work injuries through physiotherapy-led workplace injury prevention and rehabilitation, and work hardening and conditioning, which improve return-to-work time frames by getting injured workers back to productive work sooner.

Key economic benefits

The 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. Physiotherapy is an efficient, although often underutilised, part of the health system. The health benefits and effectiveness of our interventions, and the value we provide to the healthcare sector as a profession, are proven in the research literature. The cost-effectiveness of our interventions was also demonstrated recently through a cost-benefit analysis of 11 common conditions by the Nous Group.[8]

Diagram 1. Physiotherapy delivers an average net-benefit for a range of life events and stages.

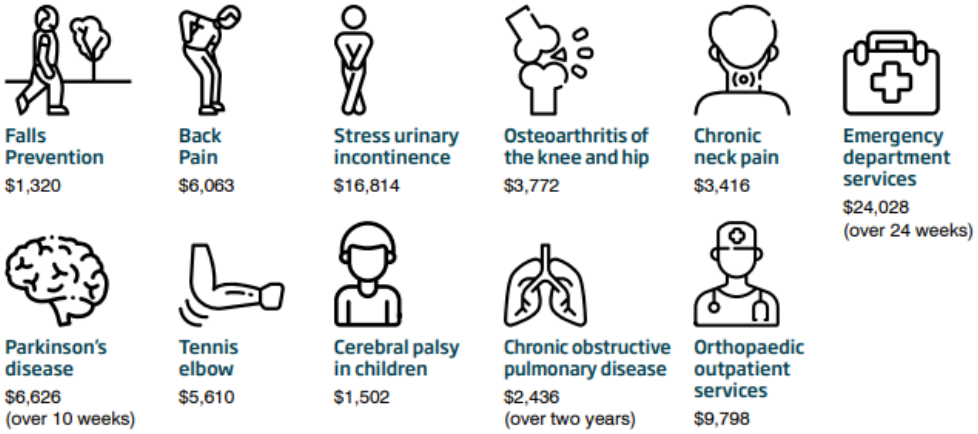
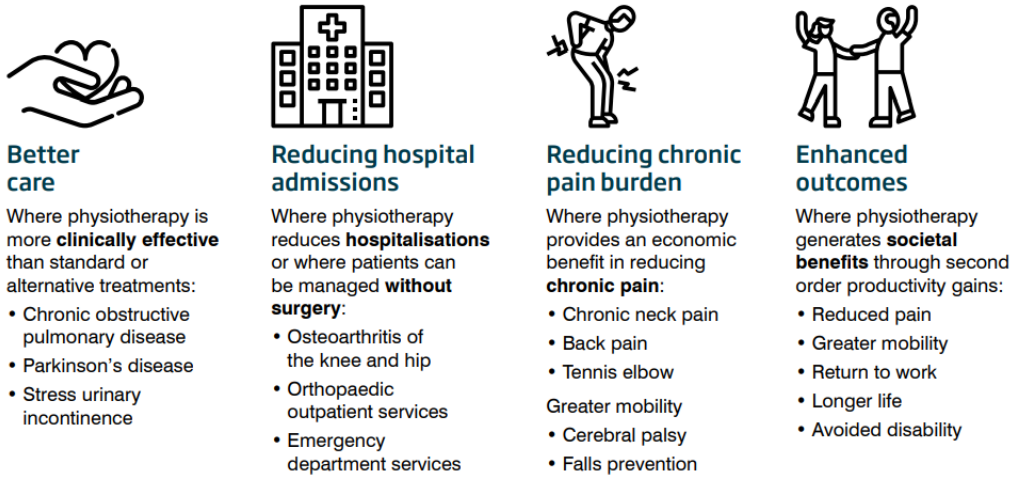


Diagram 2. Physiotherapy offers cost-effective evidence-based healthcare delivering value to both the individual and the healthcare system.



Summary of the high-level benefits

For patients

Right care, right place, right time.

Patients are able to receive the appropriate healthcare provided by the clinician who has the skills and knowledge to assess, plan and provide treatments and interventions, and providing access to proven strategies that will likely reduce the impact of conditions, injuries or provide health promoting activities and wellbeing. Rural and remote communities and underserviced communities would also benefit from reform that ensures direct access to physiotherapy.

Patient can access publicly funded first contact physiotherapy.

Reform would ensure direct access to an appropriately skilled physiotherapists without delay, saving time and costs for both the healthcare system and patients. The patient will have improved access and equity to safe and high-quality physiotherapy services. The patient will have access to diagnostic and preventive care to reduce hospital admissions, surgery, medical interventions, and deterioration of their condition.

For funders

Faster treatment, better outcomes and lower costs.

To shift towards a focus on value and outcomes models, there is a need to consider outcomes that matter to patients relative to the costs of delivery them. This reform has the potential to ensure that funding can be directed towards evidence-informed, outcome driven care will likely result in reduced costs to health funding bodies with reduction in duplication and delays to pathways to appropriate services.

In addition to cost savings with reduction in duplication of services, reform would provide improved patient pathways, increased access to appropriate physiotherapy services and specialties within the right timeframes and efficient models of care for funders such as DVA and Workers Compensation.

Health practitioners

Health workforce recruitment and retention benefits.

Health practitioners are able to apply their skills knowledge and training and have certainty to adequately funded levels of service that will allow their interventions to be applied to the standard that will truly improve people's health and well-being. Satisfaction from applying a practitioner's training will result in better career pathways ad retention of workforce in the healthcare sector. This will result in lasting commitment to the sector that will drive innovation and improvement to models of care which ultimately benefits consumers, funders and employers.

Employers

Practitioners will be more engaged and productive with better outcomes for the business.

Strategies to integrate physiotherapists into primary care will increase business viability by driving new models of care including multidisciplinary care within the quality and safety framework.

Government

Driving efficiencies in lifting existing system barriers.

Health practitioners working to their full scope will be better supported to contribute to the health sector, resulting in improvements to patient care, improvements in productivity, reduction in waiting times and resulting efficiencies, reducing costs of care. A more efficient health budget will enable more capacity to invest in preventive measure and other programs for the general population.

Reducing duplication of services and improved patient pathways and recovery timeframes will reduce costs of care, better utilisation of the workforce, lessen the dependence on welfare and encourage independence and self-care. Moving care from hospitals to community care such as out-patient care, in-home care and community centres will result in savings.

Other

Environment and climate change.

With more efficiencies in giving people access to the right care provided by the most appropriately trained and skilled health practitioner, there will be efficiencies such as less travelling and out-of-pocket expenses for patients and possibly less consumption of resources – for example, in hospital or surgery which could reduce carbon emissions and improve environmental outcomes. A population that has access to evidence informed preventive healthcare may possibly be more active, able to use public transport, consume less resources and therefore produce less waste and carbon emissions.

Improving efficiencies by advancing team-based care.

Physiotherapists are key members of multidisciplinary teams in both public and private settings, making an important contribution to healthcare through health promotion, prevention and screening as well as triage, assessment and treatment activities. The skills and training of physiotherapists equip them to work across a wide variety of conditions and disabilities to improve the health status of individuals across their lifespan. Workforce solutions that focus on facilitating wider scopes of practice and greater emphasis on multidisciplinary care in the healthcare system will help to address the rural workforce crisis.

3.3 Risks and challenges

Q5. What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice?

Q6. Please give examples of your own experience.

Please give any evidence (literature references and links) you are aware of that supports your views.

APA response to the risks and challenges (Q5)

Key point: The safety of physiotherapists working to full scope and in expanded practice roles is well established.

Across multiple specialty areas in secondary and tertiary care in Australia, including Emergency Departments, MSK screening services, and pelvic health services, advanced practice physiotherapy models of care have been identified to provide safe and effective care pathways, with low rates of re-presentation.[9] [10] In the UK, direct access to physiotherapy has been found to be both safe and feasible, with no records of adverse events during a trial prior to widespread implementation.[11] Therefore it is essential that reforms leverage and build on the distinct clinical skills found within existing scope rather than risk encroachment and overlapping of core clinical roles and encroachment by unregulated disciplines.

A key risk lies in the lack of oversight and clear gaps since the removal of Health Workforce Australia particularly in directing controls of the unregulated disciplines. Safety and scope are safeguarded by the National Registration and Accreditation Scheme (NRAS). The NRAS is important because it ensures that all regulated health professionals are registered against consistent, high-quality, national professional standards. As registered professionals, physiotherapists have both professional and legislative requirements to remain within scope.

Key point: As pressure to limit the growth in overall healthcare costs increases, it is essential to have a good understanding of the value provided by specific healthcare services.

Care needs to be directed to the profession with the most appropriate, clinically evidence, quality and safe skills to meet the needs of the patient. Quality and safety are paramount in patient care and there are risks to the patient of sub-standard care is provided. Skill sets and scope of individual health professionals, as taught by the universities and set via organisations regarding scope of practice, need to be monitored and examined. The development of the National Safety and Quality Primary and Community Healthcare Standards (NQSPCHS) which physiotherapy adheres to protects the public from harm and allow them to access a healthcare service that is safe and of high quality.

The non-regulated allied health professions, which are deemed low-risk and do not meet the threshold to justify statutory registration, is where inappropriate scope expansions of nonregulated professions represents a key risk. Therefore, there are broader issues that compound funding and system barriers which stem from a system where regulated disciplines are held to both regulated and legislative requirements to remain within scope, which is then set against more loose controls for the self-regulated professions. For the latter, scope is codified in the rules of the various membership associations which provides room for encroachment.

*Key point: The unnecessary **competing discipline risk** is a significant issue for the regulated disciplines in allied health and there is a need for more national control and oversight.*

The reform being sought is reliant on a workforce plan that identifies the system, health service and workforce priorities to enable the required shifts in primary care. It is important that reform can encompass the required controls to drive change that improves what doctors and other health professionals do, rather

than risk any reduction in standards of care. Further, it is essential that reforms leverage the different skillsets within existing scopes rather than risk encroachment and competitive overlapping clinical roles.

The location of risk and responsibility, and relations of credibility, authority and expertise is problematic with a need for a body to direct scope of practice decisions so that they are harmonised across jurisdictions. It is vital that a discipline is able to clearly articulate its practice parameters in both defending and increasing scope. A national workforce planning body could administer a central repository of health professional and practitioner scopes of practice with a view to alignment to health service need at the university and health profession education level, and important at a health system level to ensure patient safety.[12]

Better controls for the use of protected title is important and associated risks in terms such as the word 'expert' which isn't protected. While the word 'expert' does should not imply that the person holds the protected 'specialist' title; however, it may be misleading to members of the public 'creating an unreasonable expectation of beneficial treatment.

*Key point: Safe and effective use of the **assistant workforce** requires national oversight to ensure compliance of the delegation framework.*

Adequate controls in relation to the assistant workforce is also key, particularly in the care and support workforce including in the aged care and disability sectors, which is often reliant on delegated practice and under the supervision of other disciplines. In this context, it is imperative to ensure the safe and effective use of the assistant workforce which is reliant on maintaining an appropriate ratio of allied health professional to unregulated allied health assistant would also be critical.

APA examples of where these issues are impacting (Q6)

Better controls for use of protected title

Key point: Better controls for the use of protected title is important.

The promotion and wording of a health practitioner's scope of practices would mislead the public when a protected title is misused and overstated. The promotion of the nominal word 'specialist' may be considered false, misleading or deceptive and could lead to issues with patient safety and harm. For example, in a recent submission from the APA to SIRA NSW, the APA highlighted the intended use of the word 'specialist' by an unregulated profession. This use of the word would mislead the funder as to the capability and scope of the involved unregulated profession. The use of the word 'physio' is being used by some Aged Care providers as a general term for all supervised exercise and diversional therapy programs and not specifically for the provision of 'physiotherapy' services.

Safety and scope encroachment

Key point: It is essential to clarify for a funder audience the differences between physiotherapy and exercise physiologist.

Uncertainty by funders and health system planners around role delineations combined with service funding constraints is become more problematic. This is particular prevalent within the allied health physical therapy disciplines where there is less controls in terms of the unregulated disciplines across the management pathway including in post-acute phase.

It is essential to clarify for this audience the differences between physiotherapy and exercise physiologist.

The APA is working to assist funders on the skill differentials between the various disciplines including the differences between physiotherapy and exercise physiology in order to guide best clinical practice particularly at the post-acute phase. Importantly, as first contact professionals, physiotherapists have the breadth of knowledge, examination skills and clinical reasoning abilities to diagnose musculoskeletal conditions and determine appropriate care pathways. The APA would be pleased to brief the Taskforce further on why this is important and the need for controls to drive improvements in healthcare service provision, rather than risk any reduction in standards of care.

Diagram 3, unpacks the key differences while Diagram 4 provides the complexities within the management pathway from acute care to post-acute and chronic management and the corresponding role of each discipline.

Diagram 3. Skill differentials: physiotherapists and exercise physiologists

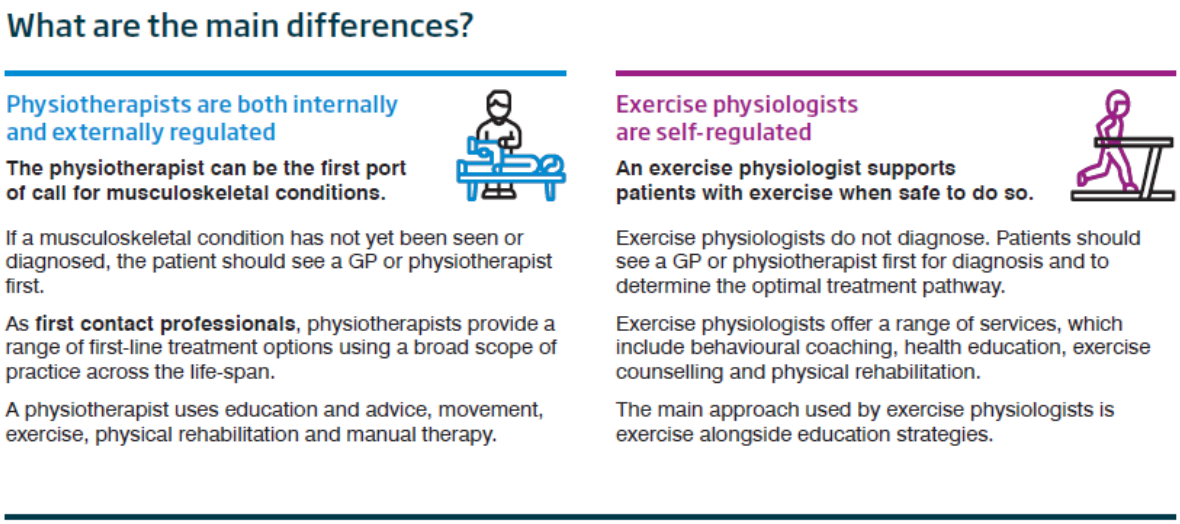
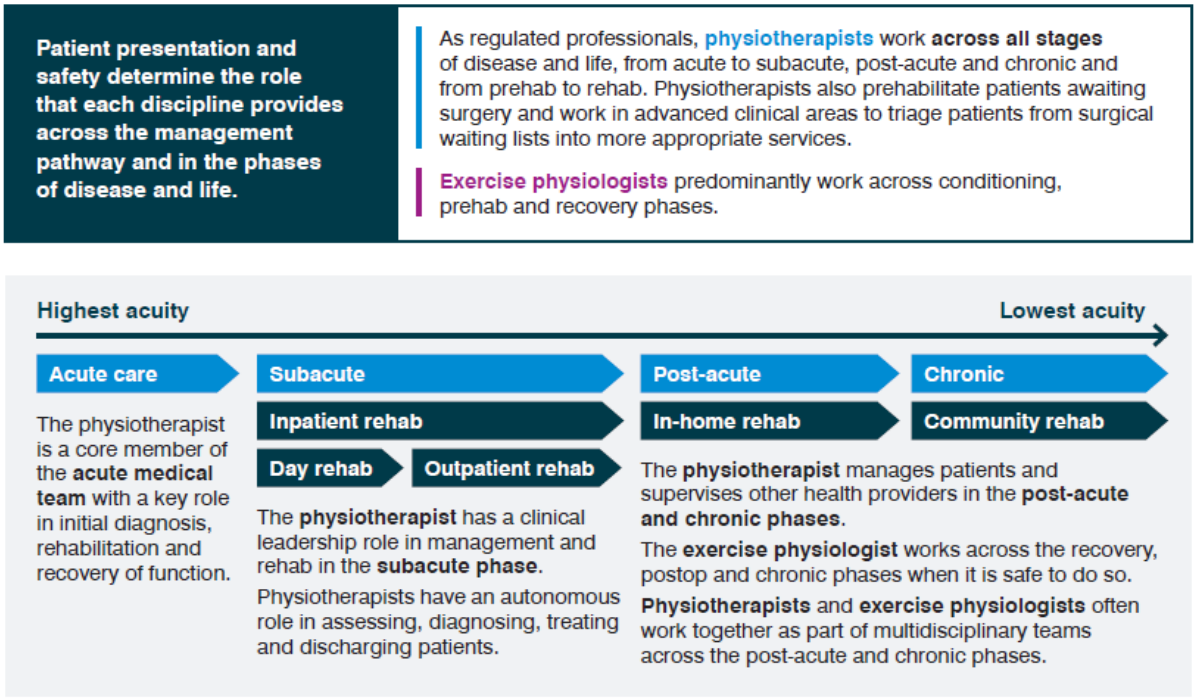


Diagram 4. Management pathway acute to post-acute services



National oversight of the assistant workforce to ensure compliance of the delegation framework

The model of UAHAs accessible through third parties, or platform providers, present a high risk in the NDIS space. Delegation and supervision frameworks are particularly blurred because of the way the AHP and the AHA can be contracted separately. Although this system can be seen as improving NDIS participants' choice and control, this can limit the ability for the AHP to exercise supervision and delegation in a safe way.

3.4 Real life examples

Q7. Can you identify best practice examples of health practitioners working to their full or expanded scope of practice in multidisciplinary teams in primary care?

Please select only one item

☑ Yes
☐ No

Q8. Please give examples, and any evidence (literature references and links) you have to support your example.

Please refer to Appendix 1.

APA response to physiotherapy-led models in primary care, and advanced practice physiotherapy in secondary and tertiary care (Q8)

Introduction

*Key point: Primary care reform must tackle the **first touchpoints** of care across the different care pathways that exist for patients particularly for those with MSK injuries and pain.*

For the more than 11 million Australians who live with one or more chronic health conditions, receiving team-based primary healthcare, including access to physiotherapy, is vital for the management and prevention of future health problems. Physiotherapy provides a path to better health and wellbeing and holds some of the most promising models in reorientating the health system towards primary care. Recognition of physiotherapists as publicly funded FCP, in the form of Medicare-rebated item numbers for primary care that do not rely on GP referral pathways and that are apportioned based on patient need, is essential to improve access to physiotherapy services, particularly in rural areas.

Reform must direct funding towards early healthcare intervention which consists of rapid access referral, diagnosis and clinical management by a physiotherapist. The sooner a condition is managed, the less likely it is that it will lead to long-term disability and chronic pain. The current system only enables funded access to physiotherapy for people whose conditions are complex or who have already become chronic (via GP Team Care / Chronic disease management). Early access to funded physiotherapy would help ensure evidence based first line care for people with MSK conditions, preventing development of chronicity and escalating healthcare costs.

In other jurisdictions where they have been introduced, direct access pathways to physiotherapy have reduced inappropriate healthcare use (opioid prescription and imaging) compared to usual care models, with no adverse effects on safety or clinical outcomes.[13] The feasibility and cost effectiveness of a physiotherapist led primary care model has been demonstrated with similar improvements in patient's physical health, but a reduction in GP and specialists consultations and fewer investigations compared to usual GP care.[14] [15] [16]

For the limited proportion of Australians who are currently able to directly access physiotherapy in primary care (self-funded or supported by private health insurance rebates) system inefficiencies mean that even where physiotherapists determine a need for imaging or specialist referral, patients are still required to return to GP's for a referral in order to access Medicare rebates.

The reform opportunities

As a profession, the health benefits and effectiveness of our interventions and the value we provide to the healthcare sector is proven in the research literature. The opportunities for reform include solutions in primary care, in community care and at the acute and primary care interface in community care. These extend to secondary and tertiary care, from community led rehabilitation facilities such as intermediate care to subacute and post-acute services, and out-of-hospital models of care in the home.

Committing to reforming primary care and connecting patients to the most appropriate and cost-effective pathway is an immediate action that government can take without delay. In directing reform to provide appropriate early healthcare intervention, which consists of rapid access, diagnosis and clinical management by physiotherapists, in priority 1 to 3 below, the APA is calling for funded FCP in primary care and at the acute and primary care interface through Medicare Urgent Care Clinics, and physiotherapist direct referral rights to specialist and digital imaging.

There is significant scope opportunities within physiotherapy-led non-operative pathways to reduce surgical referral rates, wait-list times, reduce the need for specialist reviews and reduce surgical intervention rates (priority 4), and in expanding advanced practice physiotherapist roles in primary care (priority 5). A prescribing pathway is also important to allow appropriately qualified and experienced physiotherapists to autonomously prescribe medicines within their scope of practice (priority 6). In addition, in preventing unnecessary hospitalisation and keeping people well, there remains significant opportunity for physiotherapy-led primary care interventions including chronic pain and pain management across preventive and rehabilitative services for priority populations (priority 7).

The evidence base relevant to each physiotherapy-led reform priority is provided in **Appendix 1, Table 1: Physiotherapy-led proven models ready for implementation.**

Priority 1 | Funded First Contact Physiotherapy

Key point: First contact physiotherapy practitioners can manage MSK conditions effectively to reduce the load on GPs in primary care.

Musculoskeletal disorders are the leading contributor of disability worldwide with low back pain being the single leading cause of disability in 160 countries.[17] [18] People living with functional limitations and the progression of chronic conditions in an ageing population is expected to increase the healthcare burden in public healthcare settings.[17] The ability to redirect a portion of this patient load to physiotherapists has been shown to reduce the MSK case load for medical staff in primary healthcare.[19]

Absence of publicly-funded access to physiotherapy in primary care means that Australians are missing out on better and faster access to diagnosis and treatment of MSK pain and conditions. There is a need for investment in innovative models that offer patients with MSK pain, direct compensable access to physiotherapists as experts in providing this care. For patients at high risk of future hospitalisation, publicly-funded FCP in primary healthcare in Australia will enable a more efficient health system that provides better and faster access to diagnosis, treatment, and care of MSK pain and conditions.

In a funded FCP model of care, patients can see a physiotherapist first in a primary care setting and receive the care they need while avoiding out-of-pocket costs. Funded FCP already operates to some extent within Aboriginal Community Controlled Health Organisations, and overseas. Models facilitating direct access to physiotherapy tested elsewhere have proven effective in reducing inappropriate healthcare utilisation, including opioid prescriptions and imaging, compared to traditional models, without compromising safety or clinical outcomes.[20]

In addition, emerging evidence from the UK demonstrates the effective use of advanced physiotherapy practitioners for the management of MSK conditions in a primary healthcare setting. It has been shown that physiotherapists are able to consistently identify and refer patients presenting with serious pathologies, while also reducing the number of referrals to specialist services such as orthopaedics. This demonstrably reduces waiting lists and waiting times for specialist care. Patient satisfaction with physiotherapy-led

services remains high, with patients as satisfied or more satisfied with first contact physiotherapy care as with other primary healthcare.[21]

It is important to note that FCP has existed in the private health system very successfully and safely since 1976 when the community were permitted to attend physiotherapy without a doctor's referral. Recognition of physiotherapists as publicly-funded FCP, in the form of Medicare-rebated item numbers for primary care that do not rely on GP referral pathways and that are apportioned based on patient need, is essential to improve access to physiotherapy services, particularly in rural areas.

Priority 2 | Physiotherapist direct referrals

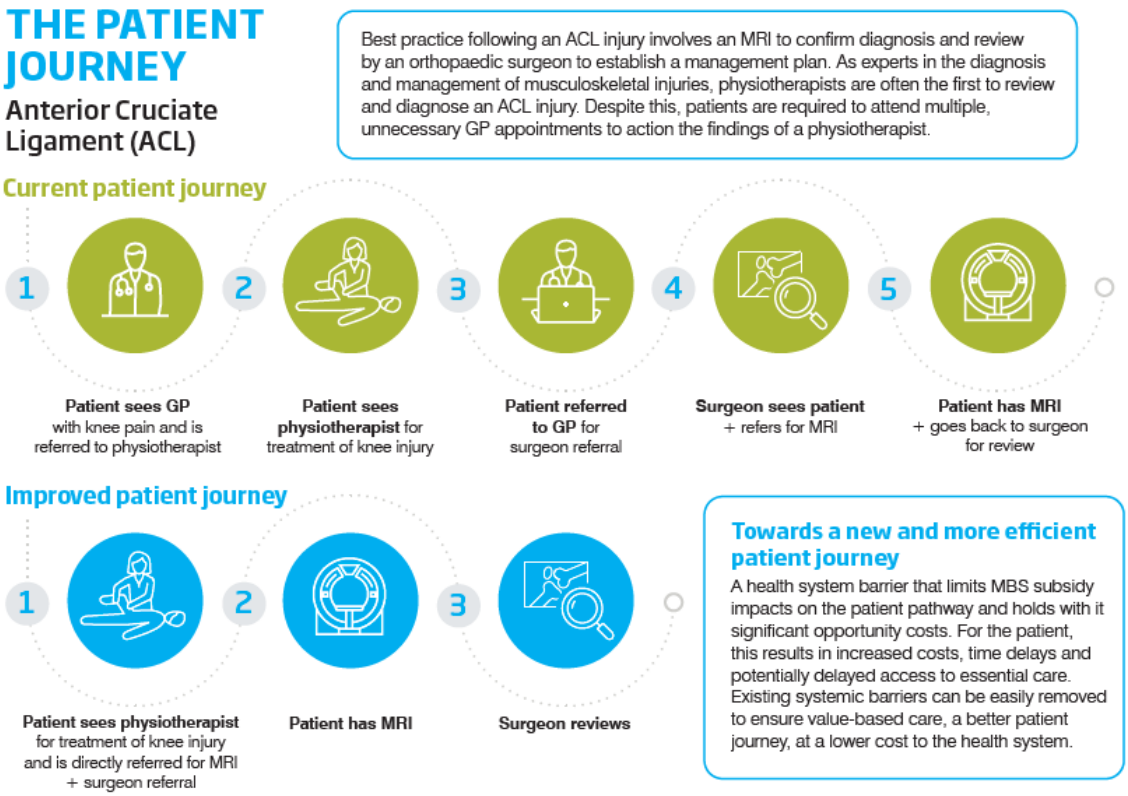
Key point: Introduce new MBS-subsidised referral pathways to allow physiotherapist to directly refer to orthopaedic surgeons and to request imaging for MSK conditions.

A key requirement in enabling disciplines to work to their full scope is to recognise and provide support for the different roles played by healthcare professions across the patient pathway.

The APA advocates for a patient journey in primary care that is accessible, affordable, guarantees the best health outcomes for patients with MSK conditions, allows practitioners to work at the top of their practice and is fiscally responsible. We call for the immediate removal of costly structural barriers that make it harder for patients to access the care they need, when they need it, and call for the implementation of new MBS-subsidised referral pathways to allow physiotherapists to directly refer to orthopaedic surgeons and to request imaging for MSK conditions.

Models facilitating direct access to physiotherapy have proven effective including lower rates of referral to imaging due to the high level of expertise in clinical examination of people with MSK conditions.[22] In addition, advanced musculoskeletal physiotherapists are less likely to order imaging[23] and were found to have high accuracy in clinical assessment.[24]

Diagram 5. Patient journey: best practice following an ACL injury



The APA is commissioning an evidence-based report from the Nous Group on policy changes pursued by the APA to expand MBS items for physiotherapists' direct referral pathways to orthopaedic surgeons and to request diagnostic imaging. This policy change would allow patients to have access to Medicare rebates for activities that are within physiotherapists' scope of practice.

Specifically, Nous will provide insights on the impact of the policy change by looking at the existing research and conduct a survey of physiotherapists, and will conduct an economic modelling assessment of the policy change to gauge its impact on costs to patients and costs to the health system. Nous will also explore the impact of the policy change on the patient journey and efficiency of the health system.

Priority 3 | Physiotherapy in Medicare Urgent Care Clinics

Key point: Urgent care reform at the primary and acute interface must improve access to care through publicly-funded First Contact Physiotherapy.

Physiotherapists working to their full scope of practice is a solution to GP and ED crisis. Physiotherapy is key to ensuring continuity of care in primary and acute care because they can alleviate GP workloads, and divert non-life-threatening emergencies from EDs. Ensuring physiotherapists are utilised in Medicare Urgent UCCs, where a significant proportion of the likely patient load in these clinics will be MSK conditions such as sprains, strains and spinal pain—conditions best managed by physiotherapists, will be key to their success.

The Medicare UCC model that encompasses publicly-funded FCP is a key solution to reducing the burden on both the system and patients. Including FCP in the rollout of the model, will sustainably reduce pressure on GPs and emergency departments, whilst making it easier for patients to access the care and treatment they need.

Priority 4 | Physiotherapy-led non-operative pathways

Physiotherapy-led non-operative pathways to reduce surgical wait-list times, reduce the need for specialist reviews and reduce surgical intervention rates.

In enabling physiotherapists to work to the full extent of their clinical practice and at advanced skill levels, more can be done to capture the opportunities from within physiotherapy in primary and community healthcare to prevent unnecessary onward referral, hospitalisation and to reduce the length of hospital stays. This is particularly important as shift from a reactive to proactive healthcare system and towards a preventive focus on chronic disease prevention and management.

And in shifting from volume to value, it is in physiotherapy and allied health models that we find solutions, a sector that is inadequately funded or not publicly funded at all. Instead, our system defaults towards surgical and medication intervention instead of high-quality assessment and implementation of evidence based, guideline recommended first line strategies, which the physiotherapy workforce is ideally equipped to deliver solutions such as non-operative osteoarthritis and back pain care, pre and post-natal care, non-surgical care for ACL tears, and falls prevention in our most vulnerable need to be prioritised.

Non-operative pathways that are led by the physiotherapists work efficiently across many MSK conditions as well as medical and surgical pathways such as urinary incontinence treatment to prevent costly surgical interventions. Primary review and treatment by skilled physiotherapists can help to avoid surgical interventions, avoid hospitalisation, reduce length of stay in hospital, shorten surgical waitlists and improve patient satisfaction. The cost benefit of avoiding surgical procedures and specialist reviews is significant. Service solutions include advanced physiotherapy-led Orthopaedic Screening Clinics for patients with chronic MSK conditions who do not need immediate surgery and who will benefit from well coordination multidisciplinary management.

Priority 5 | Leverage proven advanced practice models used in secondary and tertiary care

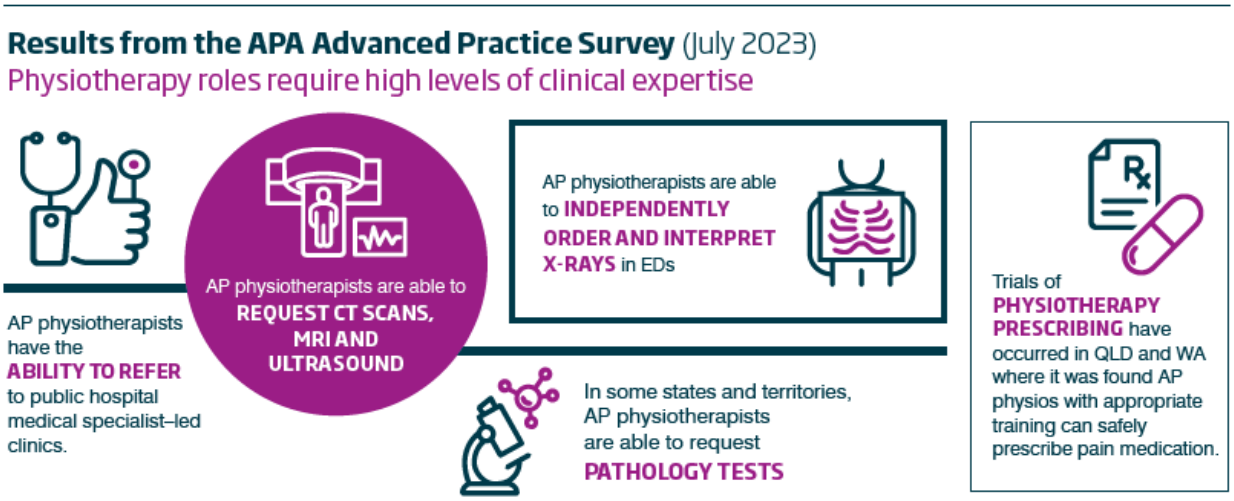
Key point: Expand advanced practice physiotherapist role in primary and community healthcare to increase non-surgical evidenced-based primary management and preventive strategies to help meet unmet patient need across a range of areas.

Physiotherapists work across the healthcare system providing many opportunities for physiotherapists to lead care including in leveraging advanced practice physiotherapy hospital-based models.

Advanced practice physiotherapists already work in advanced level clinical roles working to improve service efficiency, care pathways and outcomes in many clinical specialties in hospital care such as in Emergency and Specialist Outpatient services (eg. Orthopaedics, Neurosurgery, Rheumatology, Urology/Gynaecology, Neurology and ENT services). Advanced practice physiotherapists use high levels of clinical expertise and experience to assess, plan, implement and co-ordinate care for specific cohorts of patients, often with complex presentations. These services have been demonstrated to safe, clinically effective, and highly cost effective in comparison to usual care models.[25] [26] [27]

There is significant opportunity to leverage and utilised this highly skilled clinical workforce in the primary care setting. For example, models of care are already being tested in primary care which streamline care pathways using the expertise of advanced/ specialist physiotherapists to improve the primary care management of patients with MSK conditions.[28]

Diagram 6. Advanced practice physiotherapists



Priority 6 | Implement a prescribing pathway for physiotherapy

Key point: Allow appropriately qualified and experienced physiotherapists to autonomously prescribe medicines within their scope of practice.

Current prescribing pathways are outdated, inefficient and inequitable. Many patients currently face unnecessary circular referral between health professionals to receive the medicines they need. Enabling physiotherapists to prescribe and administer relevant to their scope of practice enables them to manage entire episodes of care for patients with conditions where they are best placed to take the lead. For example, for MSK conditions, to ensure the care pathways can be more efficient and effective. This extends to specific settings or where it complements their role in patient management. For example, neurological physiotherapists using Botox to manage hypertonicity, where they currently are the professional who undertakes the assessments, decides when and where it is needed, but who then need a doctor to prescribe and administer.

Addressing existing regulatory frameworks can begin to address these problems. The Health Practitioner Regulation National Law Act 2009 (the National Law) is designed to promote innovation and reform. There are provisions within the National Law to allow for endorsement of registered health practitioners to prescribe medicines, which would enable appropriately qualified and physiotherapists to autonomously prescribe medicines within their scope of practice. The physiotherapist prescribing pathway would see the timely access to medicines for consumers as part of an integrated and multidisciplinary model of care.

A submission to the Ministerial Council for the endorsement of physiotherapists to prescribe under the National Law is currently being developed by the Physiotherapy Board of Australia in partnership with the APA.

Priority 7 | Broader physiotherapy-led proven models for implementation

Key point: Prevent unnecessary hospitalisation through physiotherapy-led primary care interventions including chronic pain and pain management across preventive and rehabilitative services for priority populations.

More money is spent on MSK disorders, such as osteoarthritis and back pain, than any other disease, condition or injury in Australia. A true prevention approach would ensure a priority is placed on the promotion of lifelong healthy bones, muscles and joints for all Australians. Physiotherapy diagnosis and early intervention in primary care to reduce the risks of acute flare-up of MSK pain and investment in orthopaedic screening clinics provide a good place to start.

There is a need to prioritise physiotherapy-led preventive care, treatment, and rehabilitative services across the lifespan in selected populations and settings. Medicare-subsidised physiotherapy treatments for chronic pain and pain management are needed to expand multidisciplinary teams delivering person-centred care that encompasses physical and mental health diagnosis, treatment and management.

Physiotherapy offers solutions in both managing demand and playing an important role in avoiding admissions and in lowering readmission rates. There are many settings in the community where physiotherapists can offer their services to patients in need and to educate and treat conditions to avoid hospitalisation and readmission after discharge. Settings such as physiotherapy clinics, community and hospital rehab centres, in-home care and Telehealth services are available as funding and access allows.

Physiotherapists also provide a range of supportive rehabilitation and chronic disease management services. Health independence programs to improve health outcomes and manage the rate in growth and demand for public hospital services reducing use of ED and inpatients services where avoidable.

Key point: Care in the home or aged care facility including in physiotherapy-led falls prevention will lead to better care and outcomes

The physiotherapy profession is a fundamental provider of high quality, evidence-based care for ageing Australians. Physiotherapy's broad scope of practice includes mobility maintenance and improvement, pain management, falls prevention and reduction, strength and balance, management of behavioural and psychological symptoms of dementia, manual handling, assistive technology prescription, and management of fatigue, shortness of breath, oedema, frailty, contractures, sleep and rest issues, skin integrity, and continence.

Care in the home or aged care facility including in physiotherapy-led falls and balance screening programs would lead to better care and outcomes. In leveraging physiotherapist scope, there is need to prioritise a number of models for this important cohort including in physiotherapy-led screening and assessment of frailty which could achieved through physiotherapy assessment included in the 65+ health check. The management of oedema through access to physiotherapists skilled in the management of oedema and lymphoedema, reducing the activity limitation and potential for infection. A key gap in the provision of osteoarthritis management programs needs urgent funding attention.

Research has shown that frailty and mobility disability can be successfully treated using an interdisciplinary multifaceted treatment program.[29] Other studies demonstrated that multifactorial, interdisciplinary intervention reduces mobility-related disability in frail older people and that for frail older people residing in the community, a 12-month multifactorial intervention provided better value for money than usual care, particularly for the very frail, in whom it has a high probability of being cost saving as well as effective.[30] There is a need to integrate state and federal outreach services to ensure that older patients receive critical post-incident rehabilitation. Multidisciplinary outreach services delivering high-quality healthcare in the community must be available to all aged care patients, whether in residential care or in home care.

3.5 Facilitating best practice

Q9. What barriers can government, employers and regulators address to enable health practitioners to work to their full scope of practice?

Please provide references and links to any literature or other evidence.

APA response to the barriers to enabling physiotherapists to work to their full scope (Q9)

The funding barriers

Key point: Funding remains the biggest barrier to leveraging the extensive skills held and already within the scope of all physiotherapists nationally, but that are restricted by systemic barriers entrenched in our Medicare system.

Australians deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. Driving inefficiencies is the current complexity of the healthcare system, particularly in financing care, including the federal-state separation, and unless comprehensive national reform is undertaken, patient journeys will remain inefficient.

Investing in preventive care and timely treatment can prevent the need for more costly medical interventions. Instead, our system defaults to a medical/surgical specialist referral pathway which fosters low-evidence surgical intervention, simply because evidence based first line interventions which are the best clinical alternatives are not publicly funded or available. Reform needs to address upstream issues in primary care rather than continue to direct a disproportionate investment in tertiary care.

Key point: There are many skills that are already within the scope of all physiotherapists nationally, as a long-standing first contact profession, but are restricted in primary and community healthcare by systemic barriers entrenched in our Medicare system.

Primary care reform and reform at the primary and acute interface must improve access to care through publicly-funded FCP to allow physiotherapists to work at the top of their practice as outlined in our reform priorities above. Reform must lift costly structural barriers that make it harder for patients to access the care they need, when they need it, including in enabling new MBS-subsidised referral pathways.

In addition, where there is more flexibility in funding models, including from with the Primary Health Networks (PHNs), the new pathways needed nationally to maximise the contribution of physiotherapists in primary care and community-based services are constrained by the same system barriers which continues to prioritise a fee-for-service system within a first contact medical oversight model.

Another significant barrier relates to the delivery of chronic disease management care. Our health system fails to facilitate this essential care and patients are not funded to access physiotherapy services beyond current and very limited MBS chronic disease items. New models of care utilising high-value physiotherapy are urgently needed to reform Medicare and improve patient outcomes. Digital technologies are also need to assist in integrated care delivery and have a critical role in enabling clinical and professional integration in the primary care setting.

Legislative barriers

Key Point: Physiotherapy prescribing requires state and territory legislative changes.

The management of scheduled medicines is regulated through state and territory poisons acts. These legislations will need to be reviewed and potentially amended to allow for physiotherapists to prescribe within their scope of practice.

Don't settle for part reform—wider service transformation is required

*Key point: Real reform will be realised by moving beyond filling the gaps to enabling **wider service transformation** to address unmet patient need.*

Non-medical advanced clinical practitioner roles are increasingly being introduced to provide care during diagnosis, treatment and follow up. In the UK, where reforms are more advanced, workforce transformation by leveraging advanced clinical practitioner roles in primary care is prioritised in reform. However, in this context, it has been stated that advanced practice roles in primary care need to move beyond a perception of filling the gaps in existing provision to enabling wider service transformation.[31] Instead, physiotherapists working in advanced practice roles must be fully enabled to work, utilising their expertise and skill depth to improve health outcomes.

Specialist physiotherapy services and advanced practice physiotherapists are an under-recognised value-added step between the GP and medical specialist. Increased utilisation of the skills and competencies of these clinicians can positively contribute to the health of Australians who suffer the burden of complex/persistent MSK pain complaints.[32]

The use of advanced practice physiotherapists in primary care settings, as a key reform requirement, will provide clinical and cost effectiveness of services for early diagnosis with diagnostic accuracy consistent with medical specialists. The use of advanced practice-led service models will lead to reduced MSK caseloads for medical staff in primary care and community healthcare. It will reduce the number of referrals to specialist services such as orthopaedics, and reduce waiting lists and waiting times for specialist care.

Studies show that AP physiotherapists have high diagnostic agreement with specialists including with surgical findings or medical images, and with orthopaedic surgeons in the diagnosis of MSK conditions, and with paediatric orthopaedic specialists.[33] [34] Similarly high levels of diagnostic agreement have also been show for advanced practice physiotherapists and neurosurgeons in physiotherapy-led low back pain triage clinics.[35]

Q10. What enablers can government, employers and regulators address to enable health practitioners to work to their full scope of practice?

Please provide references and links to any literature or other evidence.

APA response to the enablers to facilitating physiotherapists working to their full scope (Q10)

System enablers

Key point: Government can address a number of funding barriers to enable physiotherapists to work to their full scope of practice.

While we strive for optimal healthcare, our system often fails to connect the patient to the most clinically appropriate and cost-effective healthcare pathway. More coherence in policy settings to address the key barriers to accessing proven and cost-effective interventions will help to address the more complex challenges. Targeting spending on physiotherapy would bring more value for money by reducing the need for costly secondary care.

Real reform would encompass stronger investment in publicly funded physiotherapy to allow access to physiotherapists as first contact practitioners. It would reduce disparities and the impact of their determinants by ensuring that those who need it the most can access the supports and capacity-building services they need to thrive.

Real reform would provide better access to primary management and quality assessment toward non-surgical evidenced-based management for people who do not have the means through private healthcare or compensable bodies. It would the tackle barriers to integrated care including in addressing the unnecessary impediments to direct referrals.

As primary contact practitioners, physiotherapists have the expertise to prevent and manage a range of conditions, injuries and pain experienced by their patients. To enable patients who are at risk of developing chronic disease and pain to access funded physiotherapy services, it is critical that chronic disease and pain related MBS items are expanded to encompass physiotherapy as a preventive activity.

Funding preventive health programs will also to reduce the burden of disease, reduce hospitalisation, and reduce disability, as well as increase independence and the limit use of medications such as opioids. Funding of assessment and preventive and nonsurgical strategies would reduce the number of women developing severe symptoms and needing invasive treatment.

Mobilising skills

Key point: For strong skills growth, workforce solutions must focus on mobilising skills nationally to facilitate wider scopes *of practice through leveraging the existing skillsets held by a range of key clinical disciplines.*

As pressure to limit the growth in overall healthcare costs increases, it is essential to have a good understanding of the value provided by specific healthcare disciplines including the very specific workforce roles and skill depth. This is part of the broader workforce requirement and focus on attracting and retaining critical skills and enabling higher-level skills to addressing quality and supply concerns.

A greater focus is also required on the improved utilisation of skills through advanced scope of practice roles to address current and future need. The states and territory governments have shown significant

policy leadership in directing strategic service planning through the development of advanced practice roles. It is in the hospital system where the investment in physiotherapy workforce has been undertaken in terms of enabling clinicians to work to full scope and at advanced practice levels.

In contrast, primary care has seen little reform in leveraging core discipline scope with advancements nationally limited by the rigidities of our funding models and regulatory settings which make it hard for new, cost-saving models of care to get established and grow. The fee-for-service funding model acts as a substantial barrier to scope of practice reform, and there remains a lack of understanding by funders of the reform solutions including in terms of scope and the specific skillsets held of disciplines outside of general practice.

Technology and connection

Key point: Secure messaging and access to MHR will enhance patient care and reduce duplication of services.

Digital access to patient records and secure messaging will improve communication, multidisciplinary team work, case management and will reduce duplication of services, and improve efficiency, patient satisfaction and outcomes. Expansion of digital platform access for physiotherapists to engage with the patient's medical team, reduce administrative load, provide safe communication and provide updates on recovery and management will utilise physiotherapists' full scope of practice.

3.6 Additional views

The broadest range of views will give the review a thorough foundation on which to consider new policy and regulation.

Q11. Please share with the review any additional comments or suggestions in relation to scope of practice.

Please provide references and links to any literature or other evidence.

Additional comments from the APA

Key point: In building capacity and capability for improvement there is a need to prioritise the regulated clinical groups

In facilitating the required shifts, we are calling for reform to drive funded solutions to achieving an optimal balance of skill mix in addressing patient need encompassing the entire health workforce. However, in enabling scope, we also stipulate that a priority must be placed on the professionally qualified clinical regulated staff groups, including both doctors and nurses, and physiotherapy alongside a number of other vital allied health professions.

Our submission outlines the extensive skills held and already within the scope of all physiotherapists nationally, but that are restricted by systemic barriers entrenched in our Medicare system. Therefore, the solutions we outline here are contained to the Taskforce's stated objectives to enable professions to work to their full scope of practice (as opposed to adding tasks to existing roles outside of existing scope of practice). It is essential that these reforms encompass best evidenced care and patient safety through ensuring disciplines remain with their recognised skill base and/or regulatory guidelines, and that this does not become a means to drive cheaper substandard care.

4. Appendix 1

Table 1: Physiotherapy-led proven models ready for implementation

Taskforce to note: This is just a sample of the research available for physiotherapy-led models and advanced practice physiotherapy. The body of evidence will increase further as models in Australia continue to be developed.

Physiotherapy-led model	APA Priority Alignment	System level (jurisdiction)	Brief description
Publicly funded First Contact Physiotherapy[36] [37] [38]	Priority 1	Primary care (UK)	**Physiotherapists working to their full scope of practice is a solution to GP and ED crisis** Physiotherapy is key to ensuring continuity of care in primary and acute care because they can alleviate GP workloads, and divert people with urgent but non-life-threatening conditions from EDs. Studies led in the UK and USA have demonstrated the feasibility[36] and cost-effectiveness[37, 38] of such a model in primary care, with similar improvements in physical health, but a reduction in GP and medical specialist consultations, and fewer investigations (X-rays and MRIs) compared to usual GP care[36].
Physiotherapist direct referral to specialist and imaging[39] [40]	Priority 2	Primary care	**MBS-rebated physiotherapists' referrals to orthopaedic surgeons and requests for digital imaging would improve the patient pathway in primary care** The current funding structures within the MBS necessitates a GP consultation. This often delays specialist treatment, wastes the time of busy GPs, and costs the MBS millions of dollars. These impacts are more acutely felt in regional, rural and outer-metro areas where access is more limited. A health system barrier that limits MBS subsidy impacts on the patient pathway and holds with it significant opportunity costs. For the patient, this results in increased costs, time delays and potentially delayed access to essential care. Existing systemic barriers can be easily removed to ensure value-based care, a better patient journey, at a lower cost to the health system. Recent modelling undertaken by Nous Group estimated significant cost savings for the system in enabling physiotherapist direct referral to specialist and digital imaging.[39] This builds on earlier research that also identified physiotherapist specialist referrals as cost effective.[40]

Physiotherapy-led model	APA Priority Alignment	System level (jurisdiction)	Brief description
Physiotherapist in urgent care clinics[41] [42] [43] [44] [45]	Priority 3	Advanced practice emergency department physiotherapy	**Physiotherapists working to their full scope of practice is a solution to GP and ED crisis** The Urgent Care Clinics (UCC) model that encompasses publicly-funded First Contact Physiotherapy (FCP) is a key solution to reducing the burden on both the system and patients. Including FCP in the rollout of the model, will sustainably reduce pressure on GPs and emergency departments, whilst making it easier for patients to access the care and treatment they need.
Orthopaedic physiotherapy screening clinics[46]	Priority 4	Out-patient services	**Orthopaedic Physiotherapy Screening Clinics provide faster access to appropriate care** For many musculoskeletal conditions, non-operative care is an appropriate form of treatment. Orthopaedic Physiotherapy Screening Clinics (OPSC) assess and coordinate care for semi and non-urgent orthopaedic patients facilitating non-operative care when indicated. The use of OPSC provides faster access to appropriate treatment thus decreasing orthopaedic hospital waiting without compromising patient outcomes.
Non-operative treatment pathway[47]	Priority 4	Primary care	**Physiotherapy early intervention and non-operative treatment pathways in primary care for osteoarthritis** Osteoarthritis (OA) is a chronic and progressive condition that affects mainly the knees and hip. It is the predominant condition leading to hip and knee replacement surgery in Australia. Treatment of OA with physiotherapy can improve patients' quality of life by reducing pain and increasing mobility. (GLA:D website reference) Two out of three patients with moderate to severe OA eligible for a total knee replacement, delayed surgery for at least 2 years following supervised non-surgical management. A true prevention approach would ensure a priority is placed on the promotion of lifelong healthy bones, muscles and joints for all Australians. A key solution lies in primary care-based intervention where patients can be managed without surgery for osteoarthritis of the knee and hip. This approach will provide services for patients who do not need immediate surgery or who will benefit from well-coordinated multidisciplinary management.

Physiotherapy-led model	APA Priority Alignment	System level (jurisdiction)	Brief description
Non-operative treatment pathway[48] [49]	Priority 4	Primary care	**Non-operative management of ACL ruptures by physiotherapy** The evidence-based option to surgery for acute ACL rupture can be a specific and targeted physiotherapy management program. The objective of this physiotherapy-led program is to restore knee function, address the psychological barriers to resuming activity participation and to prevent further knee injury. Accurate assessment and liaison between the patient, the orthopedic specialist and the physiotherapist will determine the best non-operative pathway if appropriate. Physiotherapy-led rehabilitation can avoid costly surgical procedures and lengthy rehabilitation if it is deemed to be the best option for the patient.
Non-operative treatment pathway[50] [51] [52]	Priority 4	Primary care	**Physiotherapy for acute and chronic low back pain to avoid surgical interventions and reduce the specialist review wait-lists** Back pain is a common issue in Australia, with an estimated 4 million Australians are suffering from low back pain. It affects Australians of all ages, but back pain is more prevalent amongst the working aged population. This has a considerable impact on labour force participation. Research indicates strong evidence of the clinical benefits of physiotherapy for both acute and chronic back pain. Physiotherapy-led care of acute and chronic low back pain can be a cost effective treatment by avoiding hospitalisation and spinal surgery intervention. This in turn, reduces specialist and surgical wait-list and results in a better quality of life for low back pain patients.
Non-operative treatment pathway[53] [54] [55]	Priority 4	Primary care	**Physiotherapy rehabilitation to reduce the need for surgical interventions for rotator cuff repairs and shoulder reconstructions** Shoulder injuries and pain are a common presentation to both GP clinics and to physiotherapy clinics. Physiotherapists have excellent clinical reasoning and diagnostic skills within their scope of practice to assess and diagnose shoulder injuries and determine need for imaging or specialist referral. The extent of the pathology, the severity of the symptoms, the functional/job requirements and the age of the patient are taken into consideration regarding the decision around conservative or surgical care. There is good evidence that non-operative physiotherapy management of rotator cuff tears/degeneration can lead to good long term outcomes as opposed to surgical management.

Physiotherapy-led model	APA Priority Alignment	System level (jurisdiction)	Brief description
			A similar situation exists with acute shoulder dislocations. The age range and functional requirements of the patient can lead to a decision to try non-operative physiotherapy rehabilitation. Not all shoulder dislocations require surgical reconstruction and appropriate rehabilitation with a physiotherapist can lead to good outcomes and reduced risks of re-dislocation.
Advanced practice[56]	Priority 5	Advanced Physiotherapy Practitioners Model of Care	**Advanced practice physiotherapists can diagnose and triage patients with musculoskeletal disorders while providing effective care** Diagnostic and surgical triage concordance between Advanced Practice physiotherapists and surgeons are good to very good for patients with musculoskeletal conditions with future studies unlikely to modify these conclusions. Further, patients with musculoskeletal conditions managed in an Advanced Practice physiotherapy model of care reported comparable or superior pain or disability reductions when compared with usual medical care.
Advanced practice[57]	Priority 5	Advanced Physiotherapy Practitioners Model of Care	**Physiotherapy-led orthopaedic outpatient services decreases the need for surgical input** Ninety-five per cent of patients with non-urgent musculoskeletal conditions managed by an advanced practice physiotherapy-led service at three metropolitan hospitals did not re-present to access public specialist medical services for the same condition within 12 months of discharge. These findings support the effectiveness of Advanced Practice Physiotherapy-led models of care in managing the demand for speciality out-patient services.
Advanced practice[58]	Priority 5	Advanced Physiotherapy Practitioners Model of Care	**Advanced Practice physiotherapy improves time to analgesia for musculoskeletal presentations in emergency departments** For musculoskeletal presentations in two Tasmanian emergency departments, patients received more timely analgesia when in the care of an advanced practice physiotherapist compared with medical or nurse practitioner care. Further improvements in analgesia

Physiotherapy-led model	APA Priority Alignment	System level (jurisdiction)	Brief description
			access are possible, with time from allocation to analgesia a potential target for intervention.
Advanced practice[59]	Priority 5	Advanced physiotherapy practitioners Model of Care	**Improved management of musculoskeletal presentations to emergency departments** A randomised control trial found that patients who received physiotherapy-led care in an emergency department (ED) had lower pain intensity levels and lower rates of ED readmission when compared with usual medical care. Physiotherapy-led care was also associated with lower proportions of prescription medication, including opioids, and medical imaging requests.
Advanced practice[60]	Priority 5	Advanced Physiotherapy Practitioners Model of Care	**Physiotherapy-led vestibular rehabilitation for the management of dizziness** A physiotherapy-led vestibular service provided to patients on an ear, nose and throat (ENT) waiting lists reported a decrease in wait time, decreased dizziness, improved falls risk and high patient satisfaction. The service was delivered safely with no complaints, adverse events or misdiagnoses recorded by hospital safety registries.
Physiotherapist independent prescribing [61] [62] [63] [64] [65]	Priority 6	Primary care (United Kingdom)	**Physiotherapy independent prescribers within primary care physiotherapy FCP roles in the UK.** Independent prescribing legislation for physiotherapists was established via a legislative change to the Human Medicines Regulation 2013 (Chartered Society of Physiotherapy 2013). The resultant role opportunities such as first contact practitioner, and advanced clinical practitioner (ACP), and their underpinning frameworks, require professionals such as physiotherapists to develop new knowledge, skills and competencies, and additional educational qualifications as part of the evolving scope and levels of practice. An example of such a postgraduate attribute and qualification for physiotherapists is non-medical prescribing to become an independent prescriber.
Home care physiotherapy[66]	Priority 7	In home care (New Zealand)	**Home care physiotherapy can reduce hospital admissions as part of a restorative multi-disciplinary care program**

Physiotherapy-led model	APA Priority Alignment	System level (jurisdiction)	Brief description
			Physiotherapy in home care – development of skills and application of knowledge for physiotherapists with expanded scope roles and in multidisciplinary teams – can save consumer seeing multiple health professionals, allow physiotherapists to be involved in case management and be funded directly so that specific pathways or interventions can be provided on an assessed needs basis.
Falls prevention[67] [68] [69]	Priority 7	Community and RACF	**Falls prevention pathway to reduce falls-related fractures and hospitalisation.** Falls are a leading cause of preventable death in older people. Whether it is at home, in residential aged care or in the hospital setting, older Australians are at risk of experiencing a life-changing fall every day. Physiotherapy and falls prevention strategies can keep people active and independent for longer. Publicly funded physio-led falls prevention programs can improve patient quality of life by improving strength and balance to reduce the risk of injury through falls and keep older Australians out of hospital.
Physiotherapist-led cardiorespiratory management[70]	Priority 7	Primary care	**Physiotherapist-GP COPD partnership model** Physiotherapists are well-trained in cardiorespiratory management and chronic care but are currently underutilised in primary care. A cardiorespiratory physiotherapist working in partnership with GPs has the potential to improve quality of care for people with COPD.
Physiotherapy pre-op and rehabilitation in respiratory disease[71] [72] [73]	Priority 7	Outpatient pulmonary rehab	**Cardiorespiratory prehab and management of post-operative complications** Respiratory physiotherapists have a key role within the integrated care continuum of patients with respiratory diseases, and in managing patients undergoing major abdominal and cardiothoracic surgery, namely post-operative pulmonary complication.[71] Pre-operative physiotherapy can reduce PPCs and other post-operative complications, improve exercise capacity and reduce hospital length of stay across both abdominal and thoracic surgery populations.[72] [73] Outpatient pulmonary rehab physio-led programs provide education and exercise and empower the COPD patient to self-manage and reduce risk of hospitalisation and complications whilst in hospital.

Physiotherapy-led model	APA Priority Alignment	System level (jurisdiction)	Brief description
Physiotherapist pre and post-natal care [74] [75]	Priority 7	Primary care	**Birthing trauma and incontinence using physiotherapy-led treatment and education during pre and post-delivery phases** Pelvic floor physiotherapy in an out-patient setting can help prevent and treat bladder or bowel leakage by assessing and teaching appropriate pelvic floor exercises. Physiotherapists can assess the risk of pelvic injury and prepare the pelvic floor for delivery. They can help reduce the likelihood of birth trauma, urinary incontinence, lower back pain and other complications post-delivery. Non-surgical treatment of stress incontinence is an effective and a cost-effective option. Adequate funding for this service will reduce surgical intervention rates increase the quality of life for many patients.

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