



AUSTRALIAN  
PHYSIOTHERAPY  
ASSOCIATION



# PHYSIOTHERAPY

## Putting patients at the centre of care

Investing in physiotherapy can enhance lives, improve health and maximise value.

**Australian Physiotherapy Association  
2025 Federal Election Statement**



## 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.

## Introduction

### Putting patients back at the centre of care

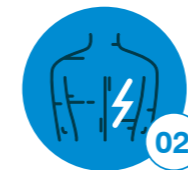
As we approach the upcoming 2025 federal election, prioritising accessible, affordable primary care for patients with musculoskeletal conditions, chronic diseases and pain is essential. System-wide reform is needed to drive more equity to ensure that Australians can live healthy lives. The Australian Physiotherapy Association (APA) is calling on the next federal government to invest in supporting high-quality healthcare through investment in physiotherapy to ensure that Australians can access the care they need to stay healthy and out of hospital.

Physiotherapists hold immense potential in primary healthcare, yet they remain underutilised. By integrating them more effectively, we can alleviate general practitioner (GP) workloads, reduce hospital admissions and divert non-life-threatening cases from emergency rooms. This not only saves money but also enhances patient outcomes and quality of life.

This statement prioritises funded **First Contact Physiotherapy** as a solution to the growing chronic disease burden, recommending five priority areas to optimise healthcare delivery:



**Direct access pathways:** Allow patients to access funded physiotherapy directly and enable physiotherapists to refer patients to specialists and for imaging.



**New musculoskeletal pathways:** Invest in programs that support treatment and recovery for major musculoskeletal conditions and pain.



**Early intervention for prevention:** Keep people well and out of hospital through more proactive care to manage health issues before they escalate.



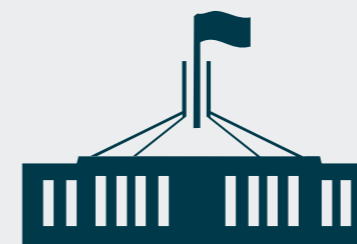
**More fairness in healthcare:** Address growing health disparities to ensure that all Australians, especially priority populations, have access to high-quality healthcare.



**Future workforce:** Provide strategies for managing future challenges, including workforce planning, needs-based approaches and technological integration.

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# 2025 Election Statement

The Australian Physiotherapy Association has strong solutions that contribute to a healthier Australia.

## Physiotherapy isn't just a treatment; it's a game-changer.

Australians deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. Measures are needed to improve access to essential care, reduce out-of-pocket costs and, most importantly, reduce costly and inefficient treatments.

Primary care reform must tackle the first touchpoints of care across the different care pathways, especially for musculoskeletal injuries, chronic conditions and pain. Physiotherapy enhances quality of life by reducing pain, increasing mobility and lowering the disease burden. It keeps people healthier and helps avoid future healthcare costs, savings that could benefit funders across our entire healthcare system, including private insurers and state and federal compensable schemes.

## Our healthcare needs have evolved and it's time to reflect this change.

In 2022–23, Australia spent \$172.3 billion on health. Musculoskeletal (MSK) disorders, the third highest spend behind cancer and cardiovascular diseases, cost \$15.9 billion and injuries from falls cost \$5.1 billion. Chronic conditions like osteoarthritis and back pain alone cost \$4.9 billion and \$3.9 billion respectively.<sup>1</sup> Despite this, current spending patterns fail to adequately address these conditions and instead direct patients to more costly and ineffective pathways.

Redirecting primary care funding to physiotherapy can lead to substantial long-term savings, better patient outcomes and increased productivity. Investing in effective physiotherapy treatment for osteoarthritis, back pain and falls prevention not only reduces costs and improves quality of life but also prevents unnecessary hospitalisations, ensuring a more efficient and impactful healthcare system.

Physiotherapy offers a valuable and cost-effective alternative to expensive interventions like surgery for osteoarthritis. When surgeries are required, physiotherapy becomes an essential component of pre- and post-surgery care, enhancing recovery and securing better outcomes. Prioritising rehabilitation is more essential than ever because it serves as an investment in long-term health and wellbeing. Governments should recognise rehabilitation as a strategic investment in overall health.

## Deep and lasting change happens when we recognise that primary care extends beyond general practice.

A GP working in isolation is not a team. We work together across healthcare settings to achieve the best outcomes for our patients. Systemic barriers are preventing us from implementing the essential reform measures needed to provide the best care, at the right place and time for each patient.

Significant reform is needed to enable the full scope of practice for our workforce, ensuring they are optimally utilised to deliver care. We remain optimistic that the Scope of Practice Review will bring significant reform and urge the next federal government to prioritise its implementation.

An integrated, comprehensive healthcare system that delivers the best care needs the skills of the entire health workforce and multidisciplinary care teams can provide the most comprehensive care possible, at the right place and time for each patient.

## The APA is proud to present reform solutions to strengthen Medicare and to develop new funding models that align with modern healthcare needs as part of our 2025 Election Statement.

Physiotherapy.  
It's time to publicly fund it.



# Funded First Contact Physiotherapy

## The solution starts here

Avoidable differences in health exist and are growing—we need to rethink how we design and deliver health services.

Musculoskeletal conditions are a leading cause of disability burden worldwide.<sup>2</sup> Musculoskeletal conditions impose a significant financial burden on Australia's health system, costing an estimated \$15.9 billion annually.<sup>3</sup> Disorders like osteoarthritis and back pain account for more healthcare spending than any other disease, condition or injury.

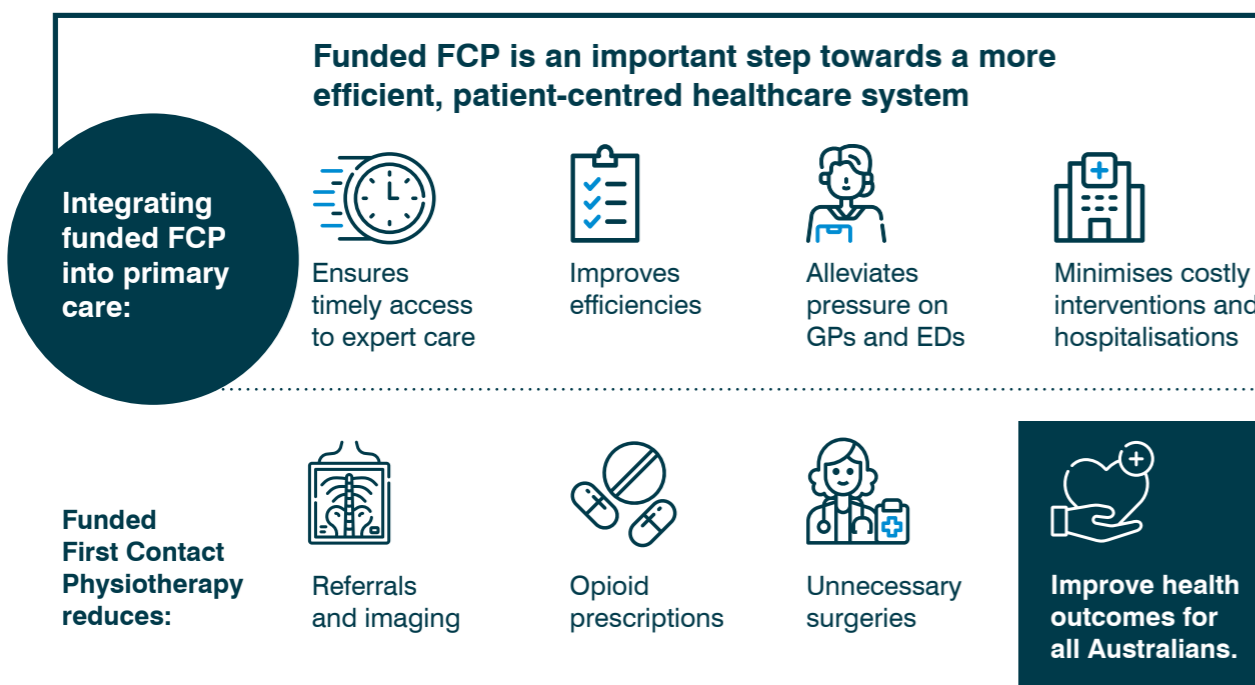
Living with chronic pain is not only debilitating for individuals but also places a significant economic burden on the nation. Over-reliance on opioid medications, due to inadequate access to essential services like physiotherapy, strains the health budget.

Chronic musculoskeletal pain notably elevates the risk of hospital admissions, particularly among high-risk primary care patients and those with multiple long-term conditions. For these individuals, a chronic, painful musculoskeletal condition independently heightens the likelihood of hospitalisation.<sup>4</sup>

## The benefits

Patients should not have to wait until they are in hospital in order to access a publicly funded physiotherapist.

In a funded **First Contact Physiotherapy** 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. The patient will have improved access to safe and high-quality physiotherapy services including diagnostic, treatment and preventive care to reduce emergency department (ED) hospital admissions, surgery, medical interventions and deterioration of their condition.



# Rethinking how we deliver care

## Providing essential access to expert musculoskeletal care

Governments need to strive towards reform to enable fast and seamless access to diagnosis and treatment for musculoskeletal pain and conditions.

**Publicly funded first-contact physiotherapy** in primary healthcare can make this a reality, ensuring safe and effective care for all. Yet despite its benefits, physiotherapy remains underutilised in our healthcare system. Additionally, we need to invest in new pathway designs, including pain management, non-operative treatment, comprehensive recovery and early intervention for prevention.

## Funded First Contact Physiotherapy in action

**FCP-led models of care provide benefits for patients and savings for the healthcare system.**

The model was recently tested and proven successful in Norway's primary healthcare system:

“ The national introduction of a direct access to physiotherapy model of care in Norway was associated with a reduction in the workload of GPs for the management of MSK conditions. The use of physiotherapists in direct contact roles is a potential strategic model to reduce the burden on the GP workforce in primary care worldwide.<sup>5</sup>

It has been firmly embedded in the UK:

“ In the UK, FCP has been successfully integrated into primary care, leading to significant improvements in patient satisfaction and outcomes and staff experience.<sup>6</sup> Implementation of the model has proven transformative, with significant reductions in GP workload and healthcare costs.<sup>7</sup> A recent study showed that FCP practitioner-led models provided safe, clinically effective patient management, with cost benefits and reduced opioid use in this cohort.<sup>8</sup>

And here at home:

“ Primary contact physiotherapy at the Barwon Health North Urgent Care Clinic in Geelong supports musculoskeletal management. Physiotherapists can assess, order imaging, treat and refer within one care episode. This service shows that physiotherapists can significantly enhance patient care and the healthcare system for common MSK issues.



# New pathway design

## This is what reform looks like

Australians deserve reform that ensures that care follows the patient, rather than a model of illness. Physiotherapy has the power to enhance quality of life, improve health outcomes and offer best value for money in the allocation of scarce resources.

### 3 essential shifts towards better pathway design:

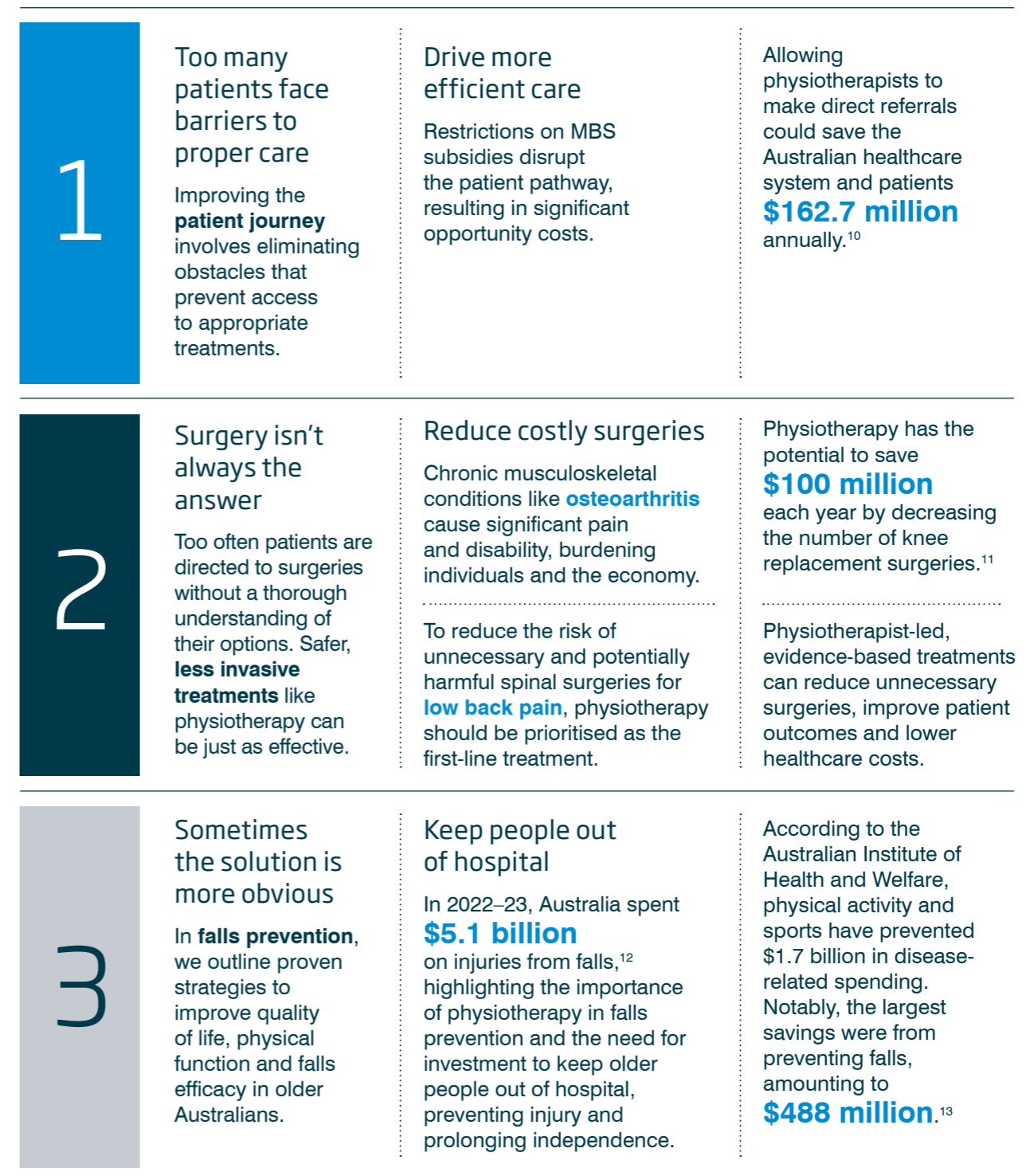


# The impact

## Bringing both health and economic benefits

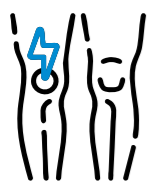
In 2022-23, Australia spent \$15.9 billion on musculoskeletal disorders, \$5.1 billion on injuries from falls, \$4.9 billion on osteoarthritis and \$3.9 billion on back pain but current spending patterns fail to adequately address these issues, leading to more costly and ineffective treatment pathways.<sup>9</sup>

### How these 3 shifts bring both health and economic benefits:





# Let's unpack this further for knee osteoarthritis



Physio-led programs can save billions in knee treatment costs

New Australian research reveals that nine out of 10 Australians with knee osteoarthritis could avoid costly surgeries through targeted physiotherapy programs,<sup>14</sup> potentially saving taxpayers billions as knee and hip replacement costs are projected to hit **\$5.32 billion** by the end of the decade.<sup>15</sup>

## Savings

Knee replacement surgeries could cost **\$5.32 billion** by 2030.<sup>16</sup>

Physiotherapy programs could save **\$100 million** annually.<sup>17</sup>



Potential savings could be redirected to other critical healthcare areas.

## The solution



Cost-effective physiotherapy programs offer a better alternative to surgery.<sup>18</sup>

**90%** of knee osteoarthritis patients could avoid surgery.<sup>19</sup>

Physiotherapy-led osteoarthritis programs for the knee and hip are cost-effective alternatives to surgery and medication, with an average net benefit of **\$3772** per episode of care.<sup>20</sup>



A focus on targeted exercises and physical therapy.



This significantly reduces pain and improves mobility, delaying or eliminating surgery.



Implementing widespread physiotherapy programs could save billions in healthcare costs.

## Better care



Patient outcomes.

Studies indicate that up to **90%** of patients with knee osteoarthritis can manage their condition effectively with physiotherapy.<sup>21</sup>



This approach not only enhances quality of life but also reduces the financial burden on the healthcare system.



# 2025 Federal Election



## APA priority reforms A roadmap to reform

Driving better musculoskeletal health through equitable and early access to physiotherapy.

Reform is needed to connect and integrate care, ensuring the best pathways for patients. We need accessible, affordable primary care that guarantees optimal outcomes for musculoskeletal conditions by enabling practitioners to work at their full potential.

Our strategy in our reform contributions has been to understand budget constraints and value priorities, then present the government with opportunities for comprehensive health reforms. These reforms aim to achieve two key goals: increased efficiency and improved patient outcomes. We've done this across a three-pathway design and 12 funding priority asks in this latest statement.



### Pathway 1 Connect and integrate

Greater investment in publicly funded physiotherapy and multidisciplinary team-based care, to drive better, more connected and more integrated care.

- Patient pathways and direct referrals
- Publicly funded physiotherapy
- Multidisciplinary team care.

### Pathway 2 Reduce the need for surgeries

Fund and prioritise musculoskeletal treatment pathways to enhance care access, reduce unnecessary interventions, and improve chronic disease and pain management.

- Musculoskeletal dedicated pathway
- Non-operative pathways
- Managing chronic conditions
- Pain strategies.



### Pathway 3 Early intervention for prevention

Increasing access to community preventive and early intervention physiotherapy services to keep people well and out of hospital.

- Falls prevention
- Birth trauma prevention and treatment
- Respiratory care in the community
- Preventive prehabilitation
- Recovery journeys.





The APA calls on the Australian Government to prioritise the future health of the nation by making the following investments:

**Priority 1: Connect and integrate**



**Priority reform 1:  
Direct access pathways**

**Reform to connect and integrate to ensure the best care pathway**

Reform is needed to ensure accessible, affordable primary care that guarantees the best health outcomes by enabling practitioners to work at the top of their scope.

The next federal government must enhance patient access by investing in **publicly funded physiotherapy** in primary care and urgent care clinics. These changes will improve health outcomes, elevate care quality and increase value.

We call for the removal of costly barriers that hinder patient access. We call for MBS-subsidised referral pathways, allowing physiotherapists to refer directly to orthopaedic surgeons and to request imaging for MSK conditions. This is fiscally responsible and puts the patient at the centre of care.

In unlocking access to care, Primary Health Networks must prioritise multidisciplinary care models that integrate physiotherapy in primary and community settings.

**1.1: Publicly funded First Contact Physiotherapy**

Driving better musculoskeletal health through equitable and early access to physiotherapy

Too many Australians miss out on the care they need—publicly funded First Contact Physiotherapy in primary care in Australia will provide better and faster access to diagnosis and treatment and safe and effective care for musculoskeletal pain and conditions.

We call on the next federal government to provide better and faster access to diagnosis and treatment of musculoskeletal pain and conditions in primary care through publicly funded First Contact Physiotherapy.

**The APA is calling for:**

- ▶ New **funded physiotherapy** in the form of Medicare-rebated item numbers and blended funding models for primary care. These requirements are detailed throughout the submission.
- ▶ Implementation of **funding and payment policy** recommendations (theme C) as outlined in *Unleashing the Potential of our Health Workforce—Scope of Practice Review Final Report*.
- ▶ Expansion of the **Urgent Care Clinic** team to facilitate appropriate access to physiotherapy.

**1.2: Direct referrals**

Towards a new and more efficient patient journey

Our current system leaves people waiting too long for referrals and the care they need—a key reform fix lies in addressing the structural barriers to patient care by shifting to specialist referrals to orthopaedic surgeons and expanding medical imaging rights for physiotherapists. Direct referrals will expedite the diagnostic and treatment process, ensuring patients receive the care they need without unnecessary delays.

The Scope of Practice Review highlights the potential benefits of allowing physiotherapists to make direct referrals. This reform aims to streamline the referral process, reduce unnecessary GP visits and improve patient access to timely care. According to a cost analysis by the Nous Group, implementing direct referrals by physiotherapists could save the healthcare system an estimated **\$162 million** annually.<sup>22</sup> These savings come from avoided costs related to unnecessary GP consultations and reduced patient out-of-pocket expenses.

**Empowering physiotherapists for better healthcare**

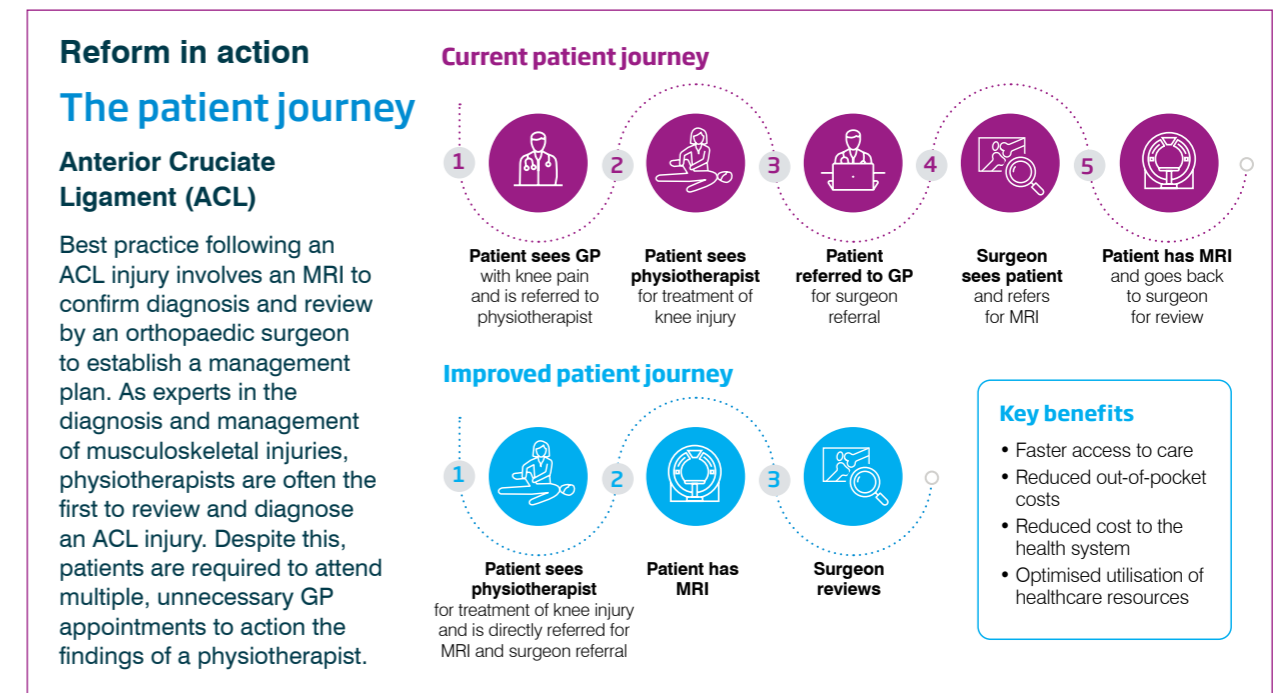
**Reform is needed to:**

- ▶ Allow physiotherapists to directly refer to orthopaedic surgeons, which is within their scope of practice.
- ▶ Expand medical imaging rights for physiotherapists across a range of modalities.
- ▶ Modernise My Health Record to include physiotherapists to enhance multidisciplinary communications and improve interoperability with practice management systems, strengthening connections with GPs.

We urge the federal government to support these vital reforms. By investing in direct referral pathways for physiotherapists, we can achieve significant cost savings, improve patient outcomes and build a more efficient and effective healthcare system for all Australians.

**The APA is calling for:**

- ▶ An amendment to the Medicare Benefits Schedule to allow physiotherapists to **directly refer** patients with musculoskeletal conditions to orthopaedic surgeons as recommended (recommendation 12) in *Unleashing the Potential of our Health Workforce—Scope of Practice Review Final Report*.
- ▶ Medicare physiotherapy referral rights for a number of MSK **imaging items** across a range of modalities including ultrasound, X-ray and MRI.



### 1.3: Multidisciplinary collaborative care

New care models are needed to accelerate multidisciplinary collaborative care and support integration

The *Scope of Practice Review Final Report* offers the structural reform needed to strengthen care and collaborative practice, making multidisciplinary care a reality. An independent, evidence-informed assessment of new models of care promises better workforce planning and utilisation. The APA shares a reform vision that promises faster treatment, lower costs and integrated care across settings, with all primary healthcare practitioners, including physiotherapists, working to full scope, improving efficiency and patient outcomes.

The role of Primary Health Networks (PHNs) in implementing evidence-based strategies is vital to improving patient experiences and outcomes, especially for those with chronic illness. Physiotherapy-led models integrated into multidisciplinary PHN collaborative care enhance patient outcomes and access. It is through these strategies of change, in developing new ways to deliver services and improve outcomes, that physiotherapy can bring significant value and support system-wide change.

#### Reform is needed to:

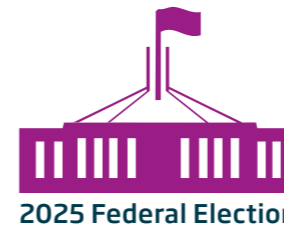
- › Recognise that primary care is more than just GPs; it includes a range of health professionals.
- › Enable PHNs to drive team-based care, including prevention, early intervention and chronic disease management.
- › Improve connectivity between multidisciplinary teams to support interoperability and integrated care.
- › Ensure that current enablers to general practice, including staffing ratios and direct funding to GPs, avoid adverse impacts on private physiotherapy providers.
- › Expand leadership roles in physiotherapy, nursing and psychology where immediate reform is needed.

#### The APA is calling for:

- › Introduction of a **new blended payment** to enable access to multidisciplinary healthcare as recommended in the *Scope of Practice Review Final Report* (recommendations 10 and 11).
- › Enhanced collaborative practice capacity through a **capacity building and implementation support** program for PHNs (recommendation 14).
- › Additional dedicated funding for physiotherapy-led **PHN multidisciplinary models** for chronic pain, osteoarthritis, COPD, dementia and preventive measures including falls prevention.
- › Extension of the **MyMedicare** patient registration model to include physiotherapists and activation of **My Health Record** for seamless access to allied health as prioritised by the Australian Digital Health Agency.

#### Key actions for reform

<p><b>Key actions to integrate physiotherapy into primary healthcare</b></p>	<p>Advancing primary care physiotherapy:</p> <p><b>Funded First Contact Physiotherapy</b></p>	<p>Promoting multidisciplinary collaboration:</p> <p><b>Blended payment and PHN leadership</b></p>	<p>Integrating digital health solutions:</p> <p><b>My Health Record fixed</b></p>
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The APA calls on the Australian Government to prioritise the future health of the nation by making the following investments:

#### Priority 2: Major MSK pain and conditions



### Priority reform 2: New musculoskeletal pathways

#### Unlocking access to physiotherapy for musculoskeletal health

Too many Australians lack access to quality musculoskeletal treatment, leading to chronic conditions and pain.

The next federal government needs to unlock new pathways to ensure access to essential care. Chronic disease and musculoskeletal pain require new investment and reform.

We need prioritised, physiotherapy-led models to prevent, diagnose early, treat and manage musculoskeletal conditions. This will address a significant gap in care and reduce medical costs, ensuring better outcomes for all Australians.

We propose funding physiotherapy-led programs to prioritise conservative management of osteoarthritic knee and hip conditions, chronic pain, shoulder pain and back pain, with low back pain being very common and affecting over 80% per cent of Australians during their lifetime.<sup>23</sup> This approach will improve care efficiency and reduce reliance on unnecessary surgical procedures.

### 2.1: Dedicated pathways for major musculoskeletal conditions

High-need, high-cost patients need tailored care pathways—a significant barrier lies in the lack of dedicated pathways for musculoskeletal disorders

Ineffective management of musculoskeletal and chronic conditions in primary care leads to worse health outcomes and higher costs. Chronic, painful musculoskeletal conditions significantly increase hospital admission risk, especially for high-risk primary care patients and those with multiple long-term conditions.<sup>24</sup> Embedding physiotherapy-led early diagnosis and treatment in primary and community care is essential to address major conditions.

#### Reform is needed to:

- › Address gaps in care to ensure that patients with complex health needs receive comprehensive, effective care, ultimately improving outcomes and reducing the costs to the health system.

#### The APA is calling for:

- › A new funded First Contact Physiotherapy **musculoskeletal pathway** to address the large unmet demand.



## 2.2: More support for non-surgical interventions

Our system defaults to specialist referrals, often resulting in low-evidence surgeries due to underfunding of evidence-based first-line treatments

The next federal government must ensure that the significant burden of musculoskeletal and chronic conditions is addressed through comprehensive and accessible care. Funding models, particularly Medicare, favour surgical procedures and pharmaceuticals, while non-surgical, person-centred care modalities like physiotherapy receive scant funding. This is despite evidence that physiotherapy can significantly reduce the need for these invasive and sometimes harmful interventions.

Many patients are referred to physiotherapy only after surgery, limiting its role to postoperative care instead of preventive or first-line management. This compromises patient safety and underutilises physiotherapy's potential to prevent unnecessary surgeries. The APA advocates for a Medicare-funded physiotherapy management plan to subsidise non-operative therapies for chronic conditions. Physiotherapy screening clinics can manage conditions like osteoarthritis non-surgically, reducing outpatient waiting lists.<sup>25</sup> Advanced practice physiotherapists demonstrate high diagnostic agreement with medical colleagues and physiotherapy-led orthopaedic triage clinics are an effective alternative to usual care across all timeframes.<sup>26</sup> Investing in physiotherapy-led pathways for shoulder pain can reduce unnecessary surgeries, aligning with Medical Services Advisory Committee recommendations.

### Reform is needed to:

- > Address gaps in non-operative management to ensure comprehensive care for patients with complex health needs, including back pain and shoulder pain, emphasising non-surgical management and physiotherapy.

### The APA is calling for:

- > The establishment of new **Physiotherapy Screening Clinics** to address the gaps in providing care for patients with complex health needs, facilitated through PHN and Local Health Network commissioning.
- > Medicare-funded physiotherapy management plans for **major musculoskeletal conditions**, including non-operative management of the osteoarthritic knee and hip, reducing reliance on unnecessary surgeries.

### Key actions for reform

Address gaps in non-operative management for patients with complex needs:

Establish a dedicated musculoskeletal pathway



**Back pain**



**Osteoarthritis knee and hip**



**Complex shoulder pain**

## 2.3: Chronic conditions

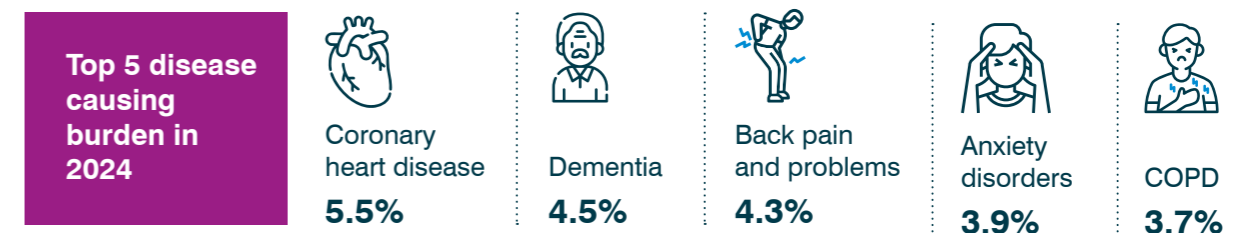
Better funding and full use of physiotherapists' skills are key to managing chronic diseases

Physiotherapy remains underutilised despite being vital care for most leading chronic diseases. It plays a crucial role in managing conditions such as diabetes, cardiovascular disease, arthritis and chronic respiratory diseases by improving mobility, reducing pain and enhancing overall quality of life.

Medicare-rebated Chronic Disease Management (CDM) plans fall short for chronic conditions, with only five allied health sessions, discouraging best practice care. Unlike the Better Access initiative for psychological therapy, musculoskeletal disorders lack sufficient pathways, leading to over-reliance on pharmaceuticals and surgeries. The effectiveness of CDM plans is unclear due to variability in development and implementation,<sup>27</sup> poor patient engagement<sup>28</sup> and fragmented care.<sup>29</sup> Tailoring and regularly reviewing CDM plans are crucial for managing chronic conditions effectively.<sup>30,31</sup>

### Prevalence of chronic conditions in Australia: a call for comprehensive reform

Physiotherapists play a crucial role in managing and mitigating the significant burden of chronic disease through tailored exercise programs, pain management and rehabilitation. Removing systemic barriers will enable physiotherapists to fully address musculoskeletal, neurological, oncological and cardiorespiratory chronic conditions.



Source: Australian Institute of Health and Welfare (2024). Australian Burden of Disease Study 2024.

### Reform is needed to:

- > Address gaps in multidisciplinary chronic disease management to ensure comprehensive care for patients with complex health needs.
- > Distribute Medicare-rebated CDM plans for better-targeted services based on patients' needs.

### The APA is calling for:

- > Reform of **Medicare CDM items** beyond five sessions establishing a dedicated physiotherapy pathway for musculoskeletal disorders and chronic conditions similar to that provided under the Better Access initiative (MBS item 80110).
- > Extension of the physiotherapy **musculoskeletal pathway** to include block or blended funding for chronic disease management programs such as the GLA:D program.\*

\* This approach would replace fee-for-service models, allowing for best practice in group work and provide flexible funding for areas of need, including cardio rehab, COPD and falls prevention.

## 2.4: Pain strategies

Access to prevention, early intervention, diagnosis and quality care is essential to improve function and reduce pain

Living with chronic pain is not only debilitating to the individual; it also places a significant economic burden on the nation. Patients with chronic and complex pain, mental health conditions or dependence on medication are overwhelming our health system—significant reform is required to embed prevention and early intervention. Opioid medications are overused, provide minimal benefit<sup>32</sup> and strain the health budget due to inadequate access to multidisciplinary services like physiotherapy.<sup>33</sup>

Physiotherapy is integral to the prevention of chronic pain because early interventions work to prevent pain-avoidance behaviours through exercise and education. Where chronic pain has developed, physiotherapists work as part of a multidisciplinary team to support patients in managing daily activities.

### Rising costs and growing demand will persist without new care delivery models that can facilitate continuous management of pain

New evidence-based, multidisciplinary pain management strategies are needed. The federal government must support active self-management in a biopsychosocial approach, moving away from reliance on drugs. This requires a shift towards funded, collaborative and personalised care.

To reduce the risk of unnecessary and potentially harmful spinal surgeries for low back pain, physiotherapy should be prioritised as the first-line treatment.

#### Reform is needed to:

- › Make treating, managing and preventing chronic pain, which affects both physical and mental health, a national priority.
- › Expand public physiotherapy for chronic pain prevention and management to reduce reliance on unnecessary surgical procedures and limit the default towards an ineffective opioid pathway.

#### The APA is calling for:

- › Physiotherapy to be prioritised as the first-line treatment to reduce the risk of unnecessary and potentially harmful spinal surgeries for **low back pain**.
- › Expanded **MBS pain-related items** to enable high-value care via multidisciplinary, patient-centred approaches to pain management.

#### The heavy toll of pain



**1 in 5** Australian adults live with **chronic pain**.<sup>1</sup>

Chronic pain costs an estimated **\$139 billion annually**.<sup>1</sup>

Beyond the financial implications, there is a **substantial personal cost**.

Chronic pain can result from injury, surgery, arthritis or other medical conditions such as cancer or endometriosis.

Musculoskeletal disorders cost **\$15.9 billion**, falls **\$5.1 billion**, osteoarthritis **\$4.9 billion**, and back pain **\$3.9 billion**.<sup>a</sup>

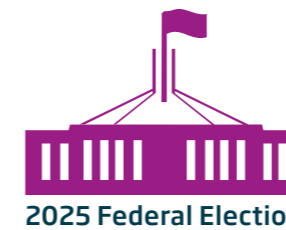
**100,000+** hospitalisations involved chronic pain.<sup>b</sup>

**Low back pain** is the health condition with the greatest impact on Australian society. Back pain and back injury cost 3.9 billion annually.<sup>2</sup>

Managing chronic low back pain is not just about reducing costs, but about improving health outcomes and **enhancing quality of life** for those affected.

**This is why finding effective, low-risk treatments is so crucial.**

Source: a. AIHW (2020); b. AIHW (2024)



2025 Federal Election

The APA calls on the Australian Government to prioritise the future health of the nation by making the following investments:

### Priority 3: Intervention for prevention



## Priority reform 3: Early intervention for prevention

### Reform to keep people well and out of hospital

Increasing access to community-based preventive and early intervention physiotherapy services.

Early intervention through physiotherapy-led care can significantly improve health outcomes. For older Australians, it can prevent falls, fractures and hospitalisations, enhancing their quality of life. Community-based physiotherapy can also mitigate pelvic injuries post-childbirth, addressing the urgent need for comprehensive care and reducing birth trauma. Policymakers must invest in pelvic health physiotherapy to meet this demand.

Respiratory physiotherapists play a crucial role in managing respiratory diseases, yet many Australians miss the chance to slow COPD progression. Despite their expertise, physiotherapists are underutilised in primary care. Physiotherapy-led exercise prescription is vital for pulmonary rehabilitation but remains underfunded. Addressing this gap is essential to meet the increased demand from the new lung cancer screening program.

## 3.1: Falls prevention

Falls aren't an inevitable part of ageing. Community funding for falls prevention, osteoporosis diagnosis and management is essential

Physiotherapy has a critical role in improving function and mobility and preventing falls in aged care residents. There is an urgent need for investment in a falls-related fracture and hospitalisation prevention program through physiotherapy-led care in the community.

Falls are a leading cause of preventable death in older people. Whether at home, in residential aged care or in the hospital setting, older Australians are at risk of experiencing a life-changing fall every day. According to the AIHW, physical activity and sports have prevented \$1.7 billion in disease-related spending. Notably, the largest savings were from preventing falls, amounting to \$488 million.<sup>34</sup>

To shift the dial on falls, the focus must be on the provision of ongoing individualised and group physiotherapy in residential aged care and in the community.

Strength and mobility are key determinants of quality of life and modifiable risk factors for falls, which are the leading cause of injury-related death and hospitalisation in people aged 65 years and over.<sup>35</sup>

In residential aged care, almost one-third of aged care residents experience a fall each quarter.<sup>36</sup> This proportion has remained unchanged over the past three years of substantial aged care reform, which is contrary to decreases in the proportion of aged care residents experiencing almost all other clinical indicators measured in the new national mandatory quality indicator program.<sup>37</sup>

### Falls prevention | Helping older Australians stay safe and independent longer

Physiotherapists are experts in maintaining and improving mobility, falls prevention and reduction, and minimising harm from falls. They also provide high-value care, managing comorbidities that contribute to falls such as incontinence and dizziness.

Physiotherapy-led balance and progressive resistance exercise programs are demonstrated to reduce the number of falls and falls-related injuries by 55 per cent in residential aged care.<sup>38</sup> In the community, programs aimed at functional and balance reduce falls by 24 per cent, helping older Australians to remain independent in their homes longer.<sup>39</sup>

#### Reform is needed to:

- › Provide an ongoing, nationally scaled up Allied Health Group Therapy Program to address functional decline in aged care residents.

#### The APA is calling for:

- › Funding for a nationally consistent twice-weekly **group community program** delivered by physical function experts, such as physiotherapists, via PHNs.
- › Funding for a scalable and evidence-based physiotherapy-led **falls prevention exercise program** for aged care residents living with dementia and for those living in aged care facilities in rural, regional and remote communities, utilising face-to-face and telehealth delivery.

### 3.2: Birth trauma prevention and treatment

The absence of consistent access to Medicare-funded pelvic health physiotherapy services must be urgently addressed

Untreated physical birth trauma has direct long-term and debilitating impacts on almost every facet of daily life, including the ability to work, exercise, socialise, have sexual intercourse and undertake basic household activities.

With the right preparation during pregnancy, there are evidence-based health interventions that can prevent, alleviate and reduce physical birth trauma and in some cases prevent third- and fourth-degree perineal tears and stress urinary incontinence.

### Expert healthcare where and when women need it

Trained pelvic health physiotherapists have a critical role in preventing and treating perineal trauma by identifying the risk of physical birth trauma. They assist during all stages of pregnancy, including with pelvic floor muscle training in both antenatal and postnatal care, preparing for childbirth, promoting recovery and prescribing appropriate exercises during pregnancy and at birth.

#### Reform is needed to:

- › Prevent physical birth trauma by providing expert pelvic health physiotherapy care during pregnancy and postpartum.

#### The APA is calling for:

- › Funding to ensure nationally consistent access to **prenatal and postnatal physiotherapy** to enable antenatal screening and education, prevention and early treatment of physical birth trauma, and referral to diagnostic imaging, reducing reliance on pharmacological and surgical interventions.

### 3.3: Access to physiotherapy-led respiratory care in the community

Chronic obstructive pulmonary disease (COPD) is a preventable and treatable lung disease—with early diagnosis and treatment, patients can breathe better and live healthier lives. In Australia, COPD is a major health issue, ranking as the sixth<sup>40</sup> leading cause of death in 2022 and the fifth highest disease burden in 2023.<sup>41</sup> It costs the healthcare system around \$1 billion<sup>42</sup> annually and is the top cause of preventable hospitalisations for chronic conditions.

### Too many Australians are missing the opportunity to slow COPD progression

Pulmonary rehabilitation (PR) is essential for managing COPD, offering benefits like reduced symptoms, improved physical capacity and fewer hospital admissions.<sup>43,44</sup> Despite its effectiveness, less than five per cent of eligible patients receive PR.<sup>45</sup> Respiratory physiotherapists play a key role in delivering PR, which is cost-effective and helps patients manage their condition and avoid hospitalisation.<sup>46</sup> The average net benefit of treating COPD with physiotherapy over two years is estimated at \$2436 per episode of care.<sup>47</sup> Offering PR in primary care can increase utilisation by removing access barriers and improving patient choice.<sup>48</sup>

### Embedding physiotherapy in the National Lung Cancer Screening Program

The National Lung Cancer Screening Program (NLCSP) is a significant step towards improving early detection and treatment of lung cancer. To maximise the benefits of the program, it is essential to include funding for physiotherapists. This funding will ensure that individuals with lung cancer as well as those with previously undetected chronic lung disease identified by the National Lung Cancer Screening Program receive appropriate preoperative and postoperative management. By integrating physiotherapy into the care pathway, we can enhance patient outcomes and provide comprehensive support throughout their treatment journey.

#### Reform is needed to:

- › Improve diagnosis of COPD and increase funding for community management including expanded access to physiotherapy-led pulmonary rehabilitation in primary care.
- › Increase the availability of respiratory and cancer physiotherapy services in primary care, outpatient and inpatient settings, particularly in the areas of most unmet need.

#### The APA is calling for:

- › Individual **one-on-one care** for the more debilitated and acute patient, delivered in-home or through telehealth.
- › Access to **funded PR programs** in the community (these programs can also be done online) to reduce and prevent hospitalisation and deterioration.
- › Funding for physiotherapists to provide **preoperative and postoperative management** for individuals with lung cancer and those with undetected chronic lung disease identified by the National Lung Cancer Screening Program.

### Multidisciplinary care in chronic airway diseases

Physiotherapy is a key component of multidisciplinary COPD management with treatment decreasing exacerbations and preventing hospitalisation.

For those with COPD, multidisciplinary pulmonary rehabilitation decreases shortness of breath as well as improving levels of fatigue and quality of life. However, the lack of programs in primary care limits access for many Australians. A community-based approach to pulmonary rehabilitation could include these health disciplines:

- **General practitioner**
- **Physiotherapist**
- **Pharmacist**
- **Respiratory nurse**
- **Occupational therapist**



**Treatment focuses on tailored exercise prescription and education:**

Physiotherapists are able to prescribe, monitor and progress treatment based on a patient's presentation.



### 3.4: Prehabilitation is an investment

Patients benefit greatly from prehabilitation, which provides guidance during the uncertain preoperative waiting period.<sup>49</sup> Investing in physiotherapy reduces system costs by filling the care gap between primary care and hospitalisation. Physiotherapists enhance strength, function and mobility across various conditions and their prehabilitation programs can lower postoperative complications and readmissions and improve recovery rates.<sup>50</sup>

**Benefits of prehabilitation**



**Enhanced physical fitness:**

Higher likelihood of patients maintaining or improving their physical ability and fitness.



**Fewer complications:**

Reduced complications after treatment and surgery.



**Minimised side effects:**

Decreased severity of side effects.



**Shorter hospital stays:**

Less time spent in the hospital after treatment.



**Faster recovery:**

Quicker return to normal fitness levels after surgery or other treatments.



Source: Peter MacCallum Cancer Centre (n.d.). Benefits of prehabilitation.

#### 3.4.1 Invest in prehabilitation to provide better functional outcomes

Optimising patient outcomes during care transitions is essential for reducing readmissions.

Prehabilitation improves health and functional capacity before surgery, reducing costs and recovery time. Pre-surgical physiotherapy for joint replacements cuts postoperative care needs by nearly 30 per cent,<sup>51</sup> saving costs and improving outcomes. It reduces postoperative complications like pneumonia and enhances recovery, especially for vulnerable patients, reducing readmission rates and functional decline.<sup>52,53</sup>

#### 3.4.2 Full recovery journeys for common injuries

Australians need simpler, faster recovery for common musculoskeletal injuries.

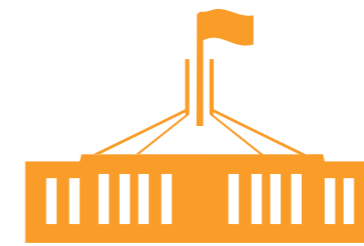
An integrated injury-to-recovery pathway is lacking. Reform focus is needed to help patients navigate optimal soft tissue injury care pathways and efficient reimbursement mechanisms. There is a need to recognise the growing health and economic burden of musculoskeletal disorders, especially meniscal and rotator cuff injuries. Shoulder pain prevalence has increased from seven per cent to 27 per cent in those under 70 over 20 years,<sup>54</sup> with knee injuries also rising significantly.<sup>55</sup>

#### Reform is needed to:

- > Direct funding to physiotherapy-led preoperative pathways to optimise patient outcomes, reduce hospital stays and improve recovery times.
- > Ensure that Strengthening Medicare reforms support full recovery journeys, especially for MSK injuries.

#### The APA is calling for:

- > Expanded access to **out-of-hospital prehabilitation** for clinically eligible patients through new models and investment in Physiotherapy Pre-surgical Rehabilitation Clinics in primary care.
- > Funding for a PHN multidisciplinary pilot for a **screening program** to simplify treatment pathways for meniscal and rotator cuff injuries, recognising the roles of other disciplines including physiotherapy.



## 2025 Federal Election

### Our care priorities

Advancing equitable care for all Australians



Reform to provide better care and outcomes for our care priorities.

Improving the overall health of the population and reducing health inequities should be a core focus of the Australian health system. Priority populations stand to benefit the most from physiotherapy-led interventions and we call for reforms across seven key areas. Achieving meaningful change requires the federal government's unwavering commitment to addressing the unique health needs of Australia's diverse populations.



**In bringing fairness to healthcare, we advocate for reforms that:**

**First Nations**

Uphold the rights and dignity of First Nations peoples by promoting culturally safe and responsive healthcare services.

**Rural Australians**

Enhance access to healthcare for rural and remote communities, ensuring that geographical location does not impede quality care.

**Older Australians**

Invest in comprehensive aged care services, supporting older Australians in maintaining independence and quality of life.

**People with disabilities**

Secure and strengthen the NDIS, empowering Australians with disabilities to achieve optimal health and wellbeing.

**Veterans**

Provide appropriate support for veterans, recognising their service and addressing their specific health needs.

**CALD communities\***

Ensure inclusive healthcare for culturally and linguistically diverse communities, fostering environments where all individuals feel respected and understood.

**LGBTQIA+**

Promote safe and affirming healthcare for LGBTQIA+ individuals, actively working to eliminate discrimination and ensure equitable access to services.



**OUR GOAL**

All Australians have access to high-value physiotherapy where and when they need it.

\*culturally and linguistically diverse communities



2025 Federal Election

The APA calls on the Australian Government to prioritise the future health of the nation by making the following investments:

### Priority 4: Bringing fairness to healthcare



## Priority reform 4: Bringing fairness to healthcare

### Address the growing health disparities

All Australians deserve access to high-quality healthcare—bringing fairness to healthcare access requires a particular focus on our priority populations.

The APA is calling for action to remove the barriers to efficient and cost-effective physiotherapy for people most in need and across our highest priority settings. The first step involves gaining access to affordable healthcare and prioritising population groups who experience the most inequity. Reform must focus on securing a better future for First Nations peoples and enabling health access for rural Australians. In addition, our care priorities must extend to securing the National Disability Insurance Scheme (NDIS) to support Australians with disability, funding for better aged care and support for our veterans.

### 4.1: First Nations health

Improving access to and providing culturally safe healthcare, including preventive services, for First Nations peoples must be prioritised

Aboriginal and Torres Strait Islander peoples in Australia continue to suffer a greater burden of chronic disease than their non-Indigenous counterparts, with many socio-economic factors, such as access to culturally safe care, contributing to these health disparities. Physiotherapists are important to improving health outcomes for First Nations peoples by providing skills and strategies to manage and prevent chronic diseases.

Aboriginal Community Controlled Health Services are preferred by many First Nations peoples due to their cultural focus, providing comprehensive primary healthcare tailored to community needs. Strengthening the cultural competency of physiotherapists, growing the Aboriginal and Torres Strait Islander physiotherapy workforce and enhancing access to culturally safe services are key shifts required to make allied health services more appropriate for First Nations peoples.

#### Reform is needed to:

- › Strengthen the cultural competency of physiotherapists.
- › Increase the Aboriginal and Torres Strait Islander physiotherapy workforce.
- › Enhance access to culturally safe services.

#### The APA is calling for:

- › Increased **access to physiotherapy** to improve health outcomes for Aboriginal and Torres Strait Islander peoples, particularly for chronic diseases like cardiorespiratory disease and chronic pain.
- › **Funded trials** to embed appropriate physiotherapy services to ensure more equitable access.

### 4.2: Rural healthcare

Providing equitable access to care remains a fundamental challenge for rural physios working within private and public settings

Every Australian community deserves access to vital health services, including physiotherapy. Many rural areas lack this access, leading to healthcare disparities. A comprehensive rural health strategy must address these unique challenges with a stronger equity approach and impactful system-level changes. New funding models and targeted skills incentives, as suggested in the Scope of Practice Review, are essential to improve access to allied health services.

The APA's 2023 *Workforce Census* shows that one in three physiotherapists are willing to work rurally but cite a lack of financial incentive as a key barrier. Attraction strategies like the HELP for Rural Doctors and Nurse Practitioners initiative must extend to physiotherapists, who also sit in the Top 20 Occupations in Demand, alongside doctors and nurses.

There is a need for incentivised supports to nurture rural intention and retention.

### We need to rethink rural workforce policies

Multidisciplinary care is needed to address the uneven disease burden experienced by those in rural and remote areas. The Workforce Incentive Program, developed to support team-based care, is failing to improve access to physiotherapy. In a recent survey of our membership, the APA found that only three per cent of physiotherapists working in rural and remote areas are employed or contracted by the Workforce Incentive Program, demonstrating that reforms that channel funding through general practice are inadequate.

#### Reform is needed to:

- › Drive new discipline-specific measures to make rural practice more viable, factoring in geographic, demographic, workforce and training variables.
- › Nurture rural intention and drive appropriate retention strategies beyond GP supports.

#### The APA is calling for:

- › **Financial incentives** to support the development and growth of a physiotherapy workforce with a rural-specific skill set.
- › Expanded capacity for **PHNs to fund physiotherapy** solutions to address rural service challenges.
- › Redirection of the **Workforce Incentive Program** to directly fund physiotherapy practices.
- › Extension of the **HELP for Rural Doctors and Nurse Practitioners** initiative to rural physiotherapists.
- › Flexible funding models to address access barriers for rural patients and support service delivery and workforce aims.

#### Rural intention



**One in three** physiotherapists (35%) indicated that they are willing to work rurally.

#### Barriers

- › Financial commitment to move
- › Lack of professional development opportunities
- › Lack of career progression
- › Lack of professional supports.

#### Enablers

- › Professional support and mentoring
- › Career progression opportunities
- › Financial support to relocate
- › Rural-specific skill acquisition pathways.

**Reform opportunities**

- › Expansion of the HELP for Rural Doctors and Nurse Practitioners initiative to include physiotherapy
- › Incentives to undertake training to develop a rural-specific skill set.





### 4.3: Aged care

The reform solutions that will strengthen care and lead to cost efficiencies can be found in physiotherapy

Older Australians deserve the best care to maximise independence and quality of life. There is a need to reorient aged care services towards evidence-based early interventions designed to retain and regain function. Reform needs to prioritise funding cost-effective care for optimal health, with a focus on prevention, early intervention and rehabilitation to enable people to live and stay well for longer with a reduced need for care and support.

#### Healthy ageing is key: this is where the better spend lies

The new *Aged Care Act* aims to improve quality and safety but further reforms are necessary. Sector-wide efficiencies can be achieved through targeted measures to increase physiotherapy-led services that facilitate reablement. Reablement across the aged care continuum will strengthen care and lead to cost efficiencies. Physiotherapy is essential to addressing chronic conditions, reducing falls and preventing hospitalisations, enabling older Australians to live well at home longer and to improve their quality of life in residential aged care. Physiotherapy in-home rehabilitation reduces the risk of readmission and ongoing dependence on services, leading to improved long-term outcomes.

#### Reform is needed to:

- › Deliver fully funded and timely physiotherapy care to ageing Australians according to their individual clinical needs, whether at home, in the community or in residential aged care.
- › Ensure ageing Australians have ongoing access to physiotherapy reablement services across the aged care continuum, identified as critical by the Royal Commission into Aged Care Quality and Safety.
- › Strengthen the sustainability of the physiotherapy workforce in aged care, including addressing barriers to providing service in rural and remote areas.
- › Expedite hospital discharge and patient post-hospitalisation recovery with appropriate physiotherapy rehabilitation.

#### At the health and aged care interface, the APA is calling for:

- › Investment of Commonwealth transition care funding into **embedding physiotherapy rehabilitation services** in hospital outreach transition care teams.
- › **Rebated physiotherapy items** to reduce out-of-pocket costs for rural patients and incentives to ensure physiotherapists are embedded within integrated health and aged care services in rural and remote communities.

#### In the community, the APA is calling for:

- › Development and implementation of a **clinical needs-based assessment tool** to inform care planning and Support at Home package level allocation.
- › Provision of ongoing **physiotherapy reablement care** for ageing Australians accessing respite and palliative care services.
- › **Tiered pricing mechanisms** that support a vibrant and nuanced workforce, take into account the costs and complexities of delivering high quality care and recognise the skills, experience and specialisation of healthcare professionals.



### 4.4: Disability

Ensuring that people with disabilities achieve the highest level of function, independence and mobility possible must be a national priority

All Australians living with disability must have access to the physiotherapy supports they need to maintain and improve function and participation, inside and outside the NDIS. The NDIS is one of the fastest growing expenses of the federal Budget<sup>56</sup> and yet many people with disability miss out on the care they need. This means there is a missed opportunity for greater social and economic participation.

#### Fair pricing to deliver quality clinical supports and participant choice and control

The federal government needs to maintain sustainable therapy support services, including high-value physiotherapy, and to enable genuine choice and control for NDIS participants. Since price limits for physiotherapy supports haven't changed since July 2019, their value has effectively decreased.

It is also essential that there are accessible pathways to services for people with disabilities who don't qualify for the NDIS, including children. Policy reform reverting to state-based foundational supports must deliver integrated services that promote independence, daily living and social/workforce participation. Early childhood supports, in particular, require multidisciplinary, holistic and family-centred approaches, which demand more time and coordination.

By improving the participation of people with disability, we create value for society as a whole. It's an investment in the future.

<p><b>Who is falling through the cracks?<sup>a</sup></b></p> <p>Adults with disability are <b>six times</b> more likely than those without disability to assess their health as 'poor' or 'fair'.</p>	<p><b>People with disability are less physically active</b></p> <p><b>72%</b> Nearly 3/4 of those aged 15 and over with disability do not do enough physical activity.</p>	<p><b>52%</b> This compares with about half of those without disability who do not do enough physical activity.</p>
	<p><b>Physical activity levels are significantly lower in people with intellectual disability, which has implications for physical and emotional health.</b></p>	<p><b>They have a disproportionate risk for obesity</b></p> <p><b>72%</b> of adults with disability are overweight or obese compared with <b>55%</b> of those without disability.</p>

Source: AIHW (2022). People with disability in Australia. <sup>a</sup>AIHW, op.cit.

#### Reform is needed to:

- › Recognise and account for the unique complexities and challenges of providing high quality physiotherapy care that supports people living with disability to achieve the highest possible level of function, independence and participation.

#### The APA is calling for:

- › Immediate **indexation of NDIS** price limits for physiotherapy supports with the Wage Price Index and Consumer Price Index.
- › **Differentiated pricing mechanisms** that support a vibrant and nuanced workforce, taking into account the costs and complexities of delivering high quality care.
- › Commissioning and funding of **clinical physiotherapy services** in future early childhood foundational support programs.
- › Engagement with the disability sector, including the APA, to ensure state and Commonwealth integration and consistency of **foundational support programs** to deliver the right intensity and duration of targeted supports required to support children with developmental delays.



## 4.5: Veterans' care

Veterans deserve better access to essential healthcare

Veterans often face complex health issues<sup>57,58</sup> and have worse physical and psychological health compared to non-veterans.<sup>59</sup> Despite the importance of physiotherapy, many veterans miss out on this essential care due to inadequate funding from the Department of Veterans' Affairs (DVA), which forces physiotherapists to operate at a loss.

The next federal government must take immediate action to enhance healthcare services for Australia's veterans.

New data reveals an urgent need for improved physiotherapy funding for veterans, as 98 per cent of physiotherapists under the DVA model operate at a financial loss, with many considering reducing or ceasing services. The current DVA fee schedule remunerates physiotherapists substantially below their standard prices.

### DVA services are not viable

The APA's data shows significant impacts on the physiotherapy workforce

- 90% believe that the current funding provided by the DVA is insufficient to sustain viable healthcare services for veterans.
- 52% face a pay cut of at least \$40 per DVA service provided.
- 98% incur financial losses under the DVA low fee structure.



The Royal Commission into Defence and Veteran Suicide highlights the critical link between veterans' physical health and mental wellbeing.<sup>60</sup> Chronic pain, a significant risk factor for mental health issues like depression and anxiety, affects 27 to 57 per cent of veterans.<sup>61</sup> However, access to physiotherapy, a common treatment for veterans, remains constrained by DVA's limited funding.

The **Royal Commission into Defence and Veteran Suicide** highlights the critical link between physical health and mental wellbeing.



**CHRONIC PAIN:** A key risk factor for mental ill-health in defence and veterans.

- 88% of transitioned members experience some level of pain.
- 31.7% of ex-serving veterans reported pain that was either high-intensity or disabling.



The most common physical injury in veterans is **musculoskeletal**, accounting for **58.6% of injuries**.

Source: Royal Commission into Defence and Veteran Suicide (2024).

### Reform is needed to:

- › Deliver a pricing framework that encourages early intervention and value-based healthcare and appropriately remunerates physiotherapists.

### The APA calls for:

The DVA to adopt an urgent fee increase for physiotherapy to align the fee schedule with the NDIS, which, at a minimum, would:

- › Fix the **viability issues** related to physiotherapy services for veterans.
- › Progress implementation of **Recommendation 71** of the Royal Commission into Defence and Veteran Suicide.



# 2025 Federal Election

## Workforce and digital strategies

### Planning for the health workforce of the future



### Strategies to manage future challenges

To address workforce supply issues, the federal government must focus on attracting individuals to careers in physiotherapy, ensuring the training of high-quality practitioners and retaining the existing workforce by preventing burnout. Supporting valuable training experiences by funding clinical placements in primary and community care is essential. This effort should be supported by high-quality national data to inform national needs planning.





2025 Federal Election

The APA calls on the Australian Government to prioritise the future health of the nation by making the following investments:

### Priority 5: Futureproof health systems



## Priority reform 5: Physiotherapy workforce reform

### Valuing skills and prioritising workforce development

A much stronger national focus on both recruitment and retention planning will allow us to build the physiotherapy workforce we need to address supply and maldistribution issues.

We welcome the federal government's efforts to prioritise a National Allied Health Workforce Strategy. For this to be effective, it must clearly define allied health and include needs assessment and targets for workforce growth. To ensure a sustainable and adequately distributed health workforce, more emphasis on needs-based planning and a focus on supporting the next generation of physiotherapists are needed. A lack of visible pathways is a leading cause of workforce attrition, which means that retention strategies, including incentivised upskilling and advanced skill acquisition, are essential to building workforce capacity.

#### 5.1: Attract and nurture

Smooth education-to-job transitions are reliant on a positive training pathway experience

Significantly more investment is required to secure the next generation of physiotherapists. We need to ensure that our student and new graduate physiotherapists transition into confident, independent practitioners. This relies on building a sustainable training pathway from early career to advanced practice roles.

In a policy environment lacking funded supports, including the necessary training pipeline, a new approach is needed to ensure the right training supports. There's a pressing need to fund physiotherapy training similarly to general practice in order to build training capacity and provide varied exposure. Addressing these gaps is key to supporting the transition to work and ensuring positive early workplace experiences. More attention is needed to ensure that the training pathway encompasses a vertically integrated undergraduate curriculum to support graduate readiness for practice. Primary healthcare training should be embedded in the undergraduate curriculum to ensure that future health professionals are well prepared to work to their full scope of practice in primary care settings as outlined in the *Scope of Practice Review Final Report*.

#### Reform is needed to:

- › Prioritise a funded training pathway for physiotherapy to support the transition to work and ensure positive early experiences.

#### The APA is calling for:

- › Investment in a **training pipeline** to support successful adaptation to practice through a flexible framework of training that can be applied at any career stage.
- › Funding committed to the implementation of recommendations arising from the **National Allied Health Workforce Strategy**.

#### 5.2: Facilitate clinical placements

Supporting the next generation of physiotherapists starts with training. Students need the opportunity to develop their skills in a safe environment to enable them to confidently enter the workforce. This requires a supportive and funded pathway experience where students and graduates have the opportunity to experience diverse environments, including rural communities, in short and longer term placements in a variety of healthcare settings.

Clinical practice placements play an important role in preparing students for practice.

As physiotherapy is an autonomous profession, it is essential that physiotherapists are prepared to enter the workforce upon graduation. Physiotherapy training programs must include funded clinical placements to provide the opportunity for students to learn in a supervised environment. To ensure that physiotherapy students receive quality primary care education and training experiences, the billing rules for all funding schemes need to be amended, removing barriers that prevent essential learning experiences.

#### Reform is needed to:

- › Address barriers experienced by clinical supervisors in private practice to ensure a more supportive training experience for the next generation of physiotherapists.

#### The APA is calling for:

- › Development of **training incentives** to allow practices to remain viable while offering clinical placements.
- › Extension of the **Commonwealth Prac Payment** initiative to physiotherapists and other allied health professionals with diagnostic skills for equitable financial support during placements.
- › **Amendment of MBS legislation** so practices can bill for services provided by physiotherapy students under supervision as recommended in the *Scope of Practice Review* (recommendation 5).

#### 5.3: Support and retain

There is a need to address early career workforce attrition impacting future supply

Research into workforce attrition shows a sharp decline in physiotherapists working beyond mid-career, pointing to a drain of skilled professionals. Key factors driving this trend include inadequate remuneration relative to skill level and mental burnout.<sup>62</sup> The shortage is particularly felt in critical areas such as aged care, underscoring the need for strategies to support career longevity and satisfaction within the profession.<sup>63</sup>

The biggest movement of physiotherapists happens early in their career and we need to address retention issues.

The key contributing factors impacting 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, is poorly designed and does not support the distribution of the physiotherapy workforce.

#### Reform is needed to:

- › Address early career workforce attrition impacting current and future physiotherapist supply.

#### The APA is calling for:

- › Incentives to encourage physiotherapists to work in areas of need including aged care, disability and rural and remote areas.







## 5.4: Reward skills and scope

Reform to enable practitioners to work at the top of their scope provides broad system benefits. For practitioners, it leads to greater satisfaction and will improve the performance of health systems by lowering overall expenditure. This will improve access to primary and community care, leading to better patient outcomes.

Everyone benefits from health professionals working to the full extent of their skills and training, especially patients.

Specialist and advanced practice physiotherapists are an under-recognised, value-added step between the GP and medical specialist. Utilising their skills more effectively can significantly benefit Australians with complex musculoskeletal pain.<sup>64</sup> Expanding the role of advanced practice physiotherapists in primary and community healthcare can enhance non-surgical, evidence-based management and preventive strategies, addressing unmet patient needs across various areas.

### Reform is needed to:

- › Remove the barriers to practice and care to ensure that physiotherapists can practise to the full extent of their core education and training and their advanced skills training.

### The APA is calling for:

- › Implementation of the **scope and skill enablers** as outlined in the *Scope of Practice Review Final Report*.
- › Expansion of advanced practice physiotherapists' roles in **primary and community healthcare** to enhance non-surgical, evidence-based management and preventive strategies, addressing unmet patient needs.

## 5.5: Plan based on needs

There is a critical need for improved data collection and analysis to inform workforce planning and policy development. We are unable to utilise the physiotherapy workforce to its fullest potential without comprehensive and accurate data on current and future supply and demand.

While primary care systems can produce better health outcomes more efficiently, there is a lack of insights and data capture at this level.

Physiotherapy is a digitally mature profession; however, a lack of focus and support has resulted in a fragmented and disjointed digital landscape. A focus on consistency and standardisation of the allied health workforce is required to ensure the collection of accurate and useful data that can inform workforce planning.

There is also a need to support the integration of the physiotherapy profession into digital infrastructure. It cannot be expected that physiotherapists will adopt digital technologies if it is going to impact their practice. As such, the same incentives as those provided to general practice should be available to physiotherapy businesses.

### Reform is needed to:

- › Create consistency and standardisation of the allied health workforce to support the collection of useful data sets.

### The APA is calling for:

- › Incentives to support the **physiotherapy profession to integrate** into national digital infrastructure.

# About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is for all Australians to have access to quality physiotherapy, when and where required, to optimise health and wellbeing and for the community to recognise the benefit of choosing physiotherapy.

The APA represents more than **33,900 members**. We are the peak body representing the interests of Australian physiotherapists and their patients and a national organisation with state and territory branches and specialty subgroups.

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.

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