

Statement from the Australian Physiotherapy Association (APA) on Physiotherapist Scope of Practice

May 2024

APA Position

Australians deserve to have access to funded physiotherapy by highly skilled and experienced physiotherapists encompassing the breadth of physiotherapists' scope of practice.

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. Improvements to the patient pathway by removing the structural barriers with measures needed to improve access to essential care, reduce out-of-pocket costs and, most importantly, reduce costly and inefficient treatments.

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.

Unleashing the full potential of physiotherapists by enabling them to work to the full extent of their education and training will help to address significant burdens on the health system. This will lead to better health outcomes, improve the utilisation of our healthcare resources, and help overcome the inefficiencies in primary care and the hospital sector.

Specialist physiotherapy services and advanced practice physiotherapists are an under-recognised valueadded step between the general practitioner (GP) and medical specialist. Increased utilisation of the skills and competencies of these clinicians can positively contribute to the health of Australians whose conditions are placing increased strain on our current healthcare system.¹

Preamble

As pressure to limit the growth in overall healthcare costs increases, it is essential to have a good understanding of the value provided by some healthcare professions including their 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 resulting in cost effective service innovation, improved outcomes and access to care.

In contrast, primary care has seen little reform to date in leveraging core discipline scope with advancements nationally limited by the rigidities of our current funding models and regulatory settings that 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 professions outside of general practice.



Introduction

In Australia, physiotherapists are the fourth largest group of registered primary health care professionals.² Physiotherapists' scope of practice is diverse holding a broad skill depth underpinned by professional competence across a range of diagnostic and therapeutic areas.

Physiotherapists are skilled, regulated, and trusted health professionals with extensive distribution across Australia. Physiotherapists are highly qualified health professionals who work in partnership with their patients to help people get better and stay well. They are an important part of the health system, with GPs referring more patients to physiotherapists than to any other single group.³

As clinical leaders, physiotherapists work both individually and across multidisciplinary teams providing high quality and evidence-based patient-centred care that can benefit patients, the health system and the population, delivering overall economic benefits.⁴ The skills and training of physiotherapists equip them to work with patients with a wide variety of conditions, needs and disabilities to improve the health status of individuals across their lifespan. Physiotherapists also work to deliver improved population health outcomes within their local areas.

Scope of practice

'Scope of practice' describes the activities health professionals are educated in, competent in and legally allowed to perform.

Physiotherapist scope of practice is defined and regulated by their education, training, clinical experience, registration standards, positions of employment, clinical protocols and guidelines, and related federal, state and territory legislation. Additionally, safeguards and clinical governance in the work setting, and the law, including legislation and regulation, protect scope of practice.

There are two main elements to scope of practice:

- 1. Professional scope: The scope of professional practice that is set by legislation. This includes professional standards such as standards for practice, codes of ethics and codes of professional conduct.
- 2. Individual scope: The scope of practice of an individual physiotherapist including the activities the individual is educated, competent and confident to perform.

The practice of physiotherapy in Australia is broad with no legislative definition outlining the specific skills and competencies of physiotherapists. It is therefore the responsibility of the profession to define practice. The APA supports the following definition of physiotherapy:

Physiotherapy is a clinical profession that integrates core principles of diagnosis, assessment, management and treatment of patients with movement and functional disorders, holding a broad skills depth across a range of areas, interventions and modalities. They work across the lifespan, in all locations and settings, preventing and managing acute, chronic and complex disease and assisting in recovery and rehabilitation across a broad range of health conditions including musculoskeletal, neurological, oncological and cardiorespiratory problems.

Physiotherapists use evidence-informed care to assess, diagnose, treat and prevent a wide range of health conditions and movement disorders.

Physiotherapists are experts in mobility and function. What is unique to a physiotherapist's practice is their ability to use clinical reasoning that integrates unique skills and knowledge of core biomedical sciences including anatomy, neuroanatomy, functional neurology and pathophysiology, disease processes, pathology and exercise parameters—to assess, diagnose and manage their patients' clinical conditions and participation restrictions.

Physiotherapists must be registered and maintain their annual registration with the Physiotherapy Board of Australia, and meet the Board's Registration Standards, in order to practise in Australia.





A physiotherapist practices within their scope under the legislatively protected titles 'physiotherapist' and 'physical therapist' under the Health Practitioner Regulation National Law. A number of standards, which can include the Aged Care Safety and Quality Standards, and the National Disability Practice Standards governs their practice. Community physiotherapists are eligible to be accredited against the National Safety and Quality Primary Health Care Standards.

Policy discussion

Optimal use of the existing health workforce involves valuing the skills of the entire health workforce. However, healthcare reform occurs in the absence of a national health workforce plan beyond medicine.¹ There are also a number of broader impediments to sustainable and responsive health workforce planning including the lack of a national planning body, limited data capture, and uneven regulatory arrangements limiting reform.

To future proof, there needs to be more emphasis on needs-based planning, ensuring a sustainable supply and distribution of the health workforce that optimises access and addresses need. More focus on skill supply issues ensuring adequate supports and focused development for growing areas of need is required. There is also a need to prioritise retention strategies, including incentivised upskilling and advanced skill acquisition to build workforce capacity.

Recommendations

The APA calls for a greater focus on improving access to physiotherapy services for all Australians. We all want physiotherapists to work to their full scope of practice. It is important to the community, to the health system, to our profession and to physiotherapists themselves that they do this.

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.⁵ The opportunities for reform include solutions in primary care, in community care and at the acute and primary care interface in community care.⁶ 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.

Access factors

Service delivery can be strengthened through a more prescriptive skills focus prioritising advanced skills and advanced skill acquisition to facilitate more multi-disciplinary, team-based approaches to enable high-quality care. There is significant opportunity within physiotherapy to leverage existing skillsets and scope to address system inefficiencies in primary care.

The APA calls on the Commonwealth and state and territory governments to:

1. Lift the current barriers to ensure the best use of physiotherapists, including connecting the patient to the most clinically appropriate and cost-effective pathway. Healthcare needs to be directed to the profession with the most appropriate skills to meet the patient's needs.

This includes:

- 1.1 Direct specialist referral pathways by lifting the barriers to allow physiotherapists to directly refer patients to the appropriate medical specialists. In addition, to allow MBS funding for appropriate imaging requests from physiotherapists through expansion of the MBS imaging items. Ordering imaging and referrals to medical specialists are skills that are already within physiotherapist's scope of practice, but restrictive MBS rules limit practice.
- 1.2 Expanding the Urgent Care Clinic (UCC) teams to encompass physiotherapy. Physiotherapists in UCCs are an ideal way to provide primary care to patients in need and reduce wait times and

¹ The National Medical Workforce Strategy 2021-2031 was developed by the previous Government to guide long-term medical planning across Australia.





delays in receiving care. 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 emergency departments.

- 1.3 Non-operative pathways for patients with musculoskeletal disorders by investing in preventive care and timely physiotherapy treatment. This prevents the need for more costly medical interventions. The healthcare system defaults to a medical/surgical specialist referral pathway that 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. There is a lack of public and medical awareness of the best clinical alternatives to surgery, such as physiotherapy. Physiotherapy-led non-operative pathways such as Physiotherapy Orthopaedic and Neurosurgical Screening Clinics reduce surgical wait-list times, reduce the need for specialist reviews and reduce surgical intervention rates.
- 1.4 Funded first contact physiotherapy (FCP) model of care where patients can see a physiotherapist first in a primary care setting and receive the care they need while reducing out-of-pocket costs. Recognition of physiotherapists as publicly funded FCP is essential, 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 that improves access to physiotherapy services, particularly in rural areas.

Regulatory factors

Regulation has an important role in ensuring appropriate clinical standards and promoting safety and quality objectives. However, different regulatory and funding structures alongside a lack of centralised strategic planning for allied health is impacting on sector development.

The position of the APA is that:

- 2. We support a system of practice regulation that is standardised, flexible, accountable and effective.
- 3. Scope of practice needs to be dynamic in order to facilitate opportunities physiotherapists have to work to their full scope across broad clinical areas and settings. As a result, our model is not prescriptive.
- 4. Regulation of physiotherapy must be based on demonstrated initial and continuing competence.

Clinical governance

The framework for assessing Scope of Practice must be patient centred and competency based and encompass appropriate educational and assessment processes and clinical governance structures that are clearly outlined so that clinicians provide safe, effective, and high-quality care.

The position of the APA is that:

- 5. The scope of physiotherapy in Australia may include both existing and emerging practices.
- 6. Physiotherapists may practice any activity that falls within the broad scope of physiotherapy providing that they are appropriately educated, trained, credentialed and continue to remain competent to practice.
- 7. Education providers should be encouraged to develop courses for physiotherapists that equip them with the appropriate skills and competencies to expand their scope of practice.

Conclusion

Musculoskeletal conditions contribute significantly to the disease and injury burden and are a leading cause of disability and the progression of chronic conditions, impacting 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. In enabling scope, 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.

Acknowledgements

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CITATION

Australian Physiotherapy Association (APA). 2024. Statement from the Australian Physiotherapy Association on physiotherapist scope of practice. Position Statement. APA. Melbourne.

⁴ Nous Group. (2020). Value of Physiotherapy in Australia. Australian Physiotherapy Association.

https://australian.physio/sites/default/files/Report_FA_WEB.pdf

⁵ Ibid

⁶ Australian Physiotherapy Association. (2022). Future of Physiotherapy in Australia: A 10-Year Vision Policy White Paper. Camberwell, VIC: APA, 2022.

⁷ Australian Institute of Health and Welfare (AIHW). (2020). Back problems. Cat. no. PHE 231. Canberra: AIHW.

¹ Beales, D., Mitchell, T., Holthouse, D. (2021). Stepped care for musculoskeletal pain is ineffective: a model for utilisation of specialist physiotherapists in primary healthcare management. *Australian Journal of Primary Health*, **27**, 431-436.

² Australian Health Practitioner Regulation Agency (Ahpra). (2020). Annual Report 2019-20. Australian Health Practitioner Regulation Agency.

³ Britt H, Miller GC, Henderson J, et al. (2016). General practice activity in Australia 2015–16. General practice series no. 40. Sydney: Sydney University Press.