



PHYSIOTHERAPY IN VETERANS' CARE: THE EVIDENCE IS CLEAR

Action is needed to improve access
to vital healthcare for veterans



APA Member Survey Report

Data driven insights into the state
of physiotherapy in Veterans'
health services

July 2023



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION



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ABOUT THE AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

The Australian Physiotherapy Association (APA) is the peak body representing the interests of over 30,000 physiotherapists and their patients. The APA's vision is for the whole community to recognise the full benefit of physiotherapy and we believe that all Australians should have access to high-quality physiotherapy to optimise health and wellbeing. We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health for all Australians.

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FOREWORD

Physiotherapists are passionate about veterans' health.

The APA wants Defence Force veterans to have the best healthcare possible. Every veteran deserves access to physiotherapy and the health outcomes associated with consulting these highly qualified health providers. Unfortunately, veterans are missing out on this essential healthcare because an increasing percentage of physiotherapists are regrettably unable to provide care under the Department of Veterans' Affairs (DVA) funding scheme, which supports only 'low budget' healthcare for veterans.

As evidenced in this special report, physiotherapists are facing significant challenges in providing a sustainable service to veterans under the DVA's scheme. As the data reveals, the DVA fee for physiotherapy has reduced access to vital care for veterans and has taken away their right to select a provider of their choice. Without urgent action, the pool of physiotherapists working under the scheme will continue to diminish. Physiotherapists are extremely concerned about the impact this will have on veterans' health.

As this report details, many physiotherapists are treating veterans at a loss, out of sincere care, ethical duty and passion for those who have bravely served our country. Physiotherapists are facing a difficult choice: to provide underfunded care at a loss or to not provide care at all. Our data makes the voice of the physiotherapy profession clear: support us to support veterans.

On behalf of the APA, I have been pursuing the DVA and the Australian Government over funding models and optimising DVA models of care to promote veterans' health outcomes. I met with the department, calling for a revision of the fee schedule for physiotherapy to better enable access for veterans.

And yet the DVA fee schedule continues to undervalue physiotherapy, despite the high-value, evidence-based diagnosis and treatment we provide to the complex veterans' cohort. Veterans' health should be a national priority and undervaluing their healthcare belittles the serious unmet need in this community.

As the government engages in a seemingly endless review process, the burden of disease for veterans remains. Chronic complacency in the reform process leads to chronic disease and disability for veterans.

The evidence shows that the current DVA funding scheme is not compatible with access to healthcare for veterans. Physiotherapists' voices are loud and clear in consensus—action is needed to improve access to health outcomes.

Sincerely,



A handwritten signature in black ink that reads "Scott Willis". The signature is written in a cursive, flowing style.

Scott Willis
APA President

EXECUTIVE SUMMARY

Accessing physiotherapy is becoming increasingly difficult for veterans in Australia. Low remuneration from the Department of Veterans' Affairs (DVA) is a major factor contributing to a scarcity of physiotherapy services, with flow-on effects on both the continuity of care and health outcomes for veterans.

The Australian Physiotherapy Association conducted a member survey to investigate the experiences of physiotherapists providing DVA-funded service as well as the impact on the sustainable provision of adequate healthcare under the scheme.

An overwhelming majority of physiotherapists provide DVA services at a loss:

- 98 per cent of physiotherapists reported that the DVA fee is less than the cost of their standard in-rooms service.
- Physiotherapists face a \$66 to \$74 shortfall when they provide initial consultations under the DVA's scheme.
- Physiotherapists face a \$43 to \$50 shortfall when they provide subsequent consultations under the DVA's scheme.

Many physiotherapists are regrettably unable to sustain provision of these unviable services under the DVA scheme:

- 26 per cent of physiotherapists have already limited or stopped DVA services.
- An additional 45 per cent of physiotherapists will likely stop providing or limit DVA services if the funding for physiotherapy does not increase.

Physiotherapists feel that the DVA is taking advantage of their sincere care for veterans by underfunding physiotherapy. The current fee schedule undervalues and underestimates physiotherapy and veterans' health suffers from being short-changed in this way. Action is needed to retain access to physiotherapy for veterans.

**The evidence
is clear
that action
is needed**

**Support physiotherapists
to support Australia's veterans.**



RECOMMENDATIONS

The APA recommends that:



Recommendation 1:

The government undertake an urgent review and update of the DVA fee schedule for physiotherapy. This review should remedy the previous neglect of the physiotherapy profession and allow the schedule to better reflect the value and type of services provided by physiotherapists in the clinical care of veterans.



Recommendation 2:

The DVA adopt an urgent fee increase for physiotherapists providing services to DVA Veteran Card holders. This targeted increase is vital to ensuring the viability of physiotherapy services and sustainable access to healthcare for veterans.



Recommendation 3:

The initial physiotherapy in-rooms consultation fee be increased to at least \$118.55 (parity with occupational therapy). This change would allow the fee schedule to better reflect real physiotherapy servicing, where initial consultations are longer and more comprehensive and require complex assessment and considered diagnostics as well as education, management planning and determination of prognostics in veterans' care.



Recommendation 4:

The subsequent physiotherapy in-rooms consultation fee be increased to at least \$85.65 (parity with podiatry). These changes would bring in-rooms DVA fees for physiotherapy closer to market price.



Recommendation 5:

The government consult with the APA regarding co-design, implementation and piloting of physiotherapy-led models of care that promote good health outcomes for veterans, as is recommended by the DVA's own *'Alternative funding models for allied health services for veterans'* 2021 report.



Recommendation 6:

The government consult with the APA, as well as the allied health sector more broadly, to improve access to value-based healthcare for veterans and to guide the health system for veterans towards 21st-century, health-promoting, patient-centred and evidence-based models of care.

METHOD

The APA conducted a survey of its membership in the period 13 March – 17 April 2023. The survey—‘Assessment of physiotherapist experiences and impact on practice viability in veterans care’—aimed to investigate the impact that the current DVA funding model has on service viability, sustainability and access to physiotherapy care for veterans.

Data was collected via online survey, with participants recruited using APA email communications and APA social media channels. The survey consisted of 28 questions. The majority of questions (21) collected categorical data, five questions collected quantitative data (to allow the estimation of average physiotherapy market fees) and two questions were open-ended to further investigate the impact of the DVA scheme on both practice viability and access to care for veterans.

Participants

Six hundred and thirty-three physiotherapists responded to the online survey (n=633). The average time to complete the survey was 13 minutes.

Approximately 64.5 per cent of respondents work in metropolitan settings and 35.5 per cent in rural, regional or remote settings.

Approximately
71 %

of respondents are business owners, **27 per cent** are employees in a practice setting and **2 per cent work** in other settings, including defence or hospital environments. **More than half (52 per cent)** of respondents have practised physiotherapy for over 15 years.



THE STATE OF PHYSIOTHERAPY IN VETERANS' HEALTH

Data-driven insights

Background

The physiotherapy profession in Australia is currently in-demand^{1,2} and in-shortage^{2,3}. As Australia continues its epidemiological transition to an ageing population with increasing chronic disease and non-communicable morbidity^{4,5}, the 'very high skill' level of physiotherapists⁶ is sought after as a solution to the growing pressure on the health system^{7,8,9,10}. However, physiotherapists are in national undersupply—ranked 17th on the list of top 20 occupations in demand and in shortage in Australia³.

Physiotherapists are high-aptitude, highly educated and evidence-based clinicians who enter the profession via competitive academic entry¹¹ and are held to rigorous professional standards in practice by the Australian Health Practitioner Regulation Agency (Ahpra)¹². Physiotherapy skills are compatible with addressing the worrying unmet need in Australia's health profile—where health loss due to musculoskeletal disorders is the third leading cause of disability-adjusted life years (DALYs)⁴. The need for reform of primary care to promote health and reduce pressure on hospitals is an urgent, national priority¹³.

It is within the context of this serious responsibility that physiotherapists deliver health outcomes across a diversity of patient groups and payment schemes, one of which is veterans' care funded by the Department of Veterans' Affairs (DVA).

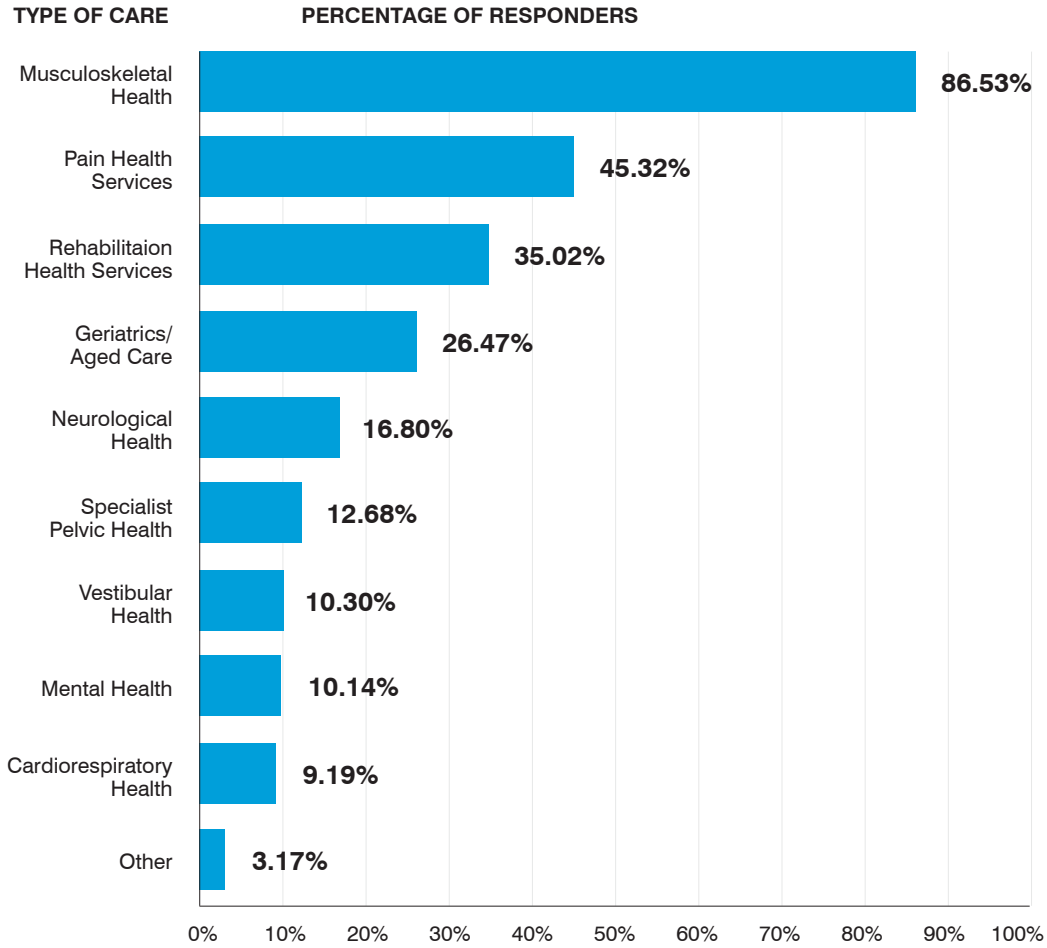
The clinical care of veterans in physiotherapy is highly important

Of those who have ever served in the Australian Defence Force (ADF), approximately 207,700 are DVA clients¹⁴. Approximately 12,200 physiotherapists provided care to veterans under the DVA in 2021–2022. Men who have previously served in the ADF are more likely (than non-veterans) to be living with chronic ill health¹⁴:

- More veterans live with arthritis (33 per cent) than those who have not served (12 per cent)¹⁴.
- More veterans live with back problems (31 per cent) than those who have not served (19 per cent)¹⁴.

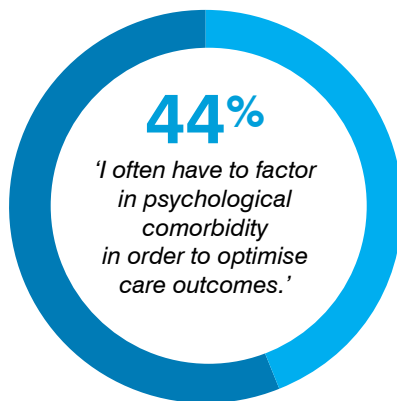
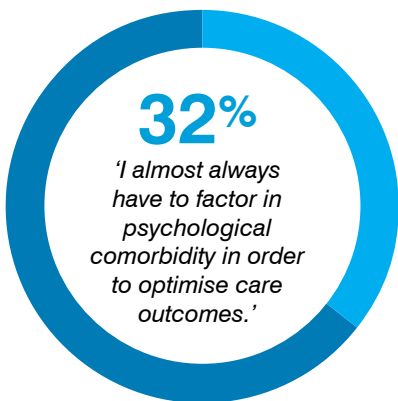
Veterans' health is often complex and comorbid^{15,16} and evidence demonstrates that veterans have worse physical and psychological health than non-veterans¹⁷. The APA member survey found that while physiotherapists most commonly provide musculoskeletal healthcare to veterans, the full range of treatment provided to veterans addresses a number of diverse health concerns. See Figure 1.

Figure 1 | Ranking of health services provided to veterans by physiotherapists



Physiotherapists take a biopsychosocial, patient-centred approach to healthcare¹⁸, meaning that clinical decision-making is influenced by multiple needs of the presenting patient and that there is no 'one-size-fits-all' treatment plan¹⁹.

Physical ill health and mental ill health are not mutually exclusive and in veterans' care, physiotherapists report that psychological comorbidities are an extremely common factor influencing their clinical management and decision-making:



The intersection between physical and mental ill health must be considerably managed by highly skilled, capable and competent health providers.
Physiotherapy expertise needs to be retained in veterans' care.

DVA undervalues and underestimates physiotherapy for veterans

The fees for physiotherapy services under the DVA's schedule are chronically low and do not support veterans to access the care they need.

The DVA fee for a physiotherapy consultation is \$67.95²⁰, well below market price. The scheme pays the same fee even for initial consultations with a physiotherapist and remunerates no higher for physiotherapists using extra time or extra assessment and/or diagnostic tests with a patient²⁰. The price 'gap' in these scenarios is even larger.

Physiotherapists and other providers are not able to charge an out-of-pocket fee to cover this 'gap'²¹. The inability to charge any gap fee is unique to the DVA when compared to workers compensation and transport accident schemes and the Medicare Benefits Schedule's (MBS) Chronic Disease Management Plans (CDMP). The stipulation allows the DVA to boast that its Veterans' Health Card provides 'full' fee-for-service coverage²³, which reduces out-of-pocket financial burdens on veterans; however, in reality the fee for physiotherapy is well below 'full' price, resulting in the financial burden being shifted to providers.

APA survey quantitative data allowed the estimation of average market fees charged by physiotherapists. See Table 1.

Table 1 | Differences between private fees for physiotherapy and the DVA's fee

Type of consultation	Private fee charged	DVA fee ²⁰	Difference between fees ('gap')
Initial consultation	Average: \$142.32	\$67.95	Average fee gap: \$74.37
	Median: \$134		Median fee gap: \$66.05
Subsequent consultation	Average: \$118.23	\$67.95	Average fee gap: \$50.28
	Median: \$111		Median fee gap: \$43.05

LACK OF SUPPORT FOR VETERANS' PHYSIOTHERAPY

- The market fee for physiotherapy is approximately twice the DVA fee for physiotherapy.
- Physiotherapists face a \$66 to \$74 shortfall when they provide initial consultations under the DVA's scheme.
- Physiotherapists face a \$43 to \$50 shortfall when they provide subsequent consultations under the DVA's scheme.



The 'gap' in fees is even larger for physiotherapy initial consultations, which are longer and more comprehensive and require complex assessment and considered diagnostics and screening as well as education, management planning and determination of prognostics in veterans' care.

It is possible that survey respondents who are APA Titled Members, Specialists or generalists providing longer or more comprehensive consultations may have slightly skewed the results, in which the average fee is higher than the median (see Table 1). These physiotherapists face an even larger cost when they treat veterans under the DVA's scheme, which financially disincentivises providing elite care to veterans.

These findings are echoed by the veteran community in Australia, who have expressed that they struggle to find appropriate health providers and that this is a key factor affecting access to healthcare¹⁷.



PHYSIOS SPEAK UP FOR VETERANS HEALTH

'DVA clients get limited access to experienced physiotherapists simply because the cost of employing the experienced physiotherapists cannot be met by the fees payable by the DVA client.'

Northern Territory rural/regional physiotherapist (business owner with 15–25 years' experience).

91.5%

of physiotherapists state that the current level of funding for physiotherapy does not enable them to sustain care provision for veterans.



PHYSIOTHERAPISTS ON THE FRONT LINE

98%

State that DVA fees are lower than their standard fee

52%

Take at least a \$40 shortfall per DVA service

30%

Take at least a \$50 shortfall per DVA service

Since at least 2016²², APA physiotherapists have voiced their concerns regarding effectively frozen fees for physiotherapy under the DVA and the difficult position they face of either providing care at a loss or not providing care at all²². In that time, fees for physiotherapy have only increased by approximately \$4²².

While the DVA indicated that from 1 July 2018 it would remove the freeze on increases alongside indexation²³, the low fees have not even increased in line with the consumer price index. Fees are thus entrenched below the cost of care provision, with the DVA rebutting provider concerns about viability of service as a 'business decision for the providers concerned'²⁴.

Fee disparities do not promote physiotherapy care for veterans

To add insult to injury, physiotherapists are remunerated at a significantly lower rate than comparable providers such as occupational therapists²⁵ and podiatrists²⁶, who were allocated an additional \$61.9 million as part of a 2021 budget measure²⁷. Physiotherapists were neglected from the funding and the APA was not consulted.

Table 2 displays the disparities in funding between providers.

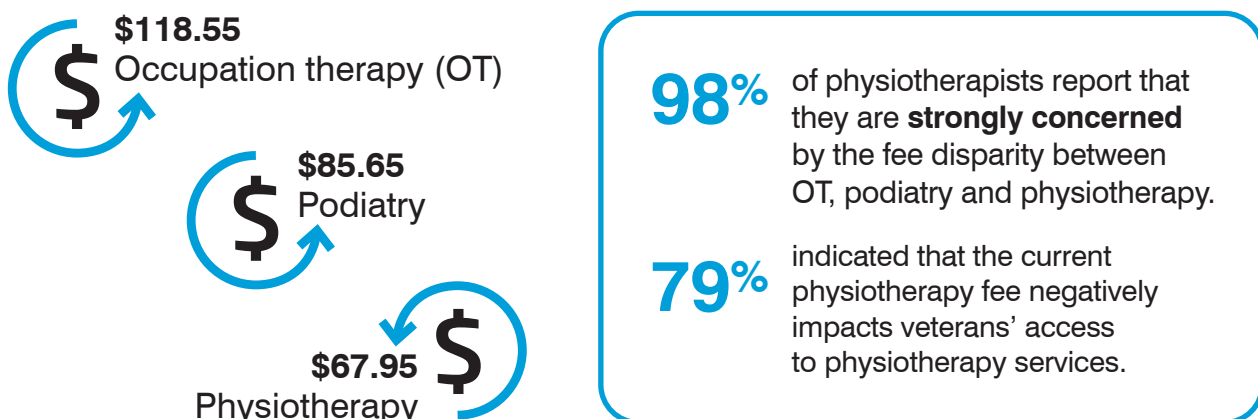
Table 2 | DVA fees for allied health, effective 1 October 2022

Health provider	Physiotherapy ²⁰	Podiatry ²⁶	Occupational therapy ²⁵
Fee per unit, in-rooms consultation	\$67.95	\$85.65	\$118.55

Physiotherapists, podiatrists and occupational therapists are all Ahpra-registered health providers with differing scope of practice and unique, essential value within veterans' care. Veterans should be enabled to consult all three providers to optimise their access to the appropriate expertise at the appropriate time. The specific neglect of funding of physiotherapy is highly concerning (see Figure 2) and is likely a cost-cutting measure as physiotherapists are the largest cohort of these three health providers.

There are 41,633 Ahpra-registered physiotherapists in Australia¹². This relatively large number is not incidental—it actually represents a shortage of a much-needed skill set in healthcare⁹. The reality is that physiotherapists are a keystone of patient healthcare and a significant number of physiotherapists are required to meet the growing need in the Australian community². The larger number of physiotherapists is not an excuse to consistently avoid subsidisation of physiotherapists and the care they provide to veterans.

Figure 2 | Physiotherapists are strongly concerned by fee disparities



A cluster of DVA scheme factors constrain physiotherapy service

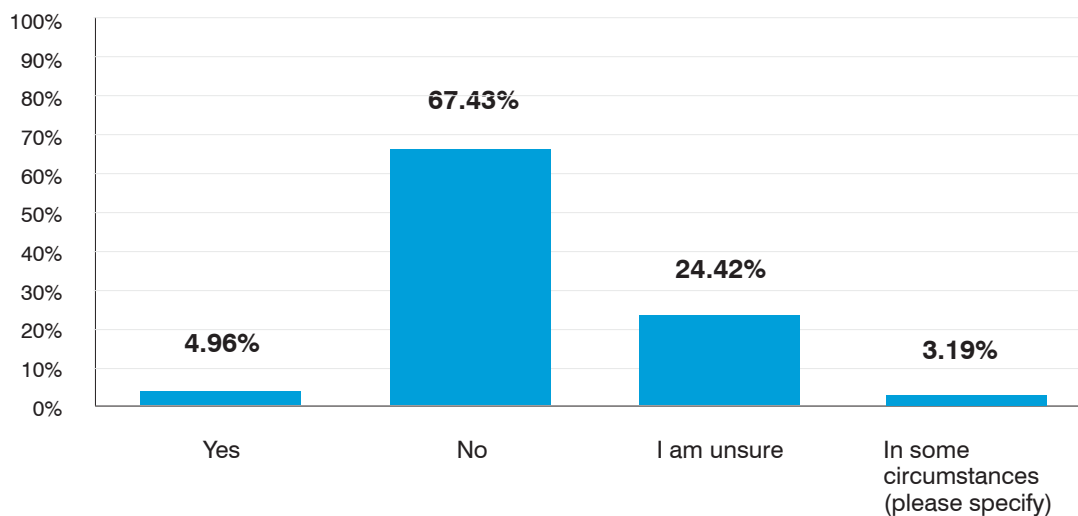
In veterans' healthcare, the ability of physiotherapists to provide care under DVA requirements is hindered not just by the low fee for service, but by a number of scheme-related factors that together cause in-demand providers to opt out of care provision.

Physiotherapists indicate that DVA stipulations regarding care provision are an exercise in excessive administration. When asked how burdensome DVA administrative duties (eg, time spent completing forms) are in comparison to the administrative duties associated with non-DVA patients:

- **44 per cent** of physiotherapists answered that the DVA administrative burden is 'highly burdensome compared to the administrative duties of other clients'.
- An additional **44 per cent** answered that the DVA administrative burden is 'moderately burdensome compared to the administrative duties of other clients'.

The DVA 'treatment cycle' was introduced in 2019 to assist GP coordination of care and more optimal referral within allied health²⁸. However, the majority of physiotherapists have not experienced improved care coordination and optimal referral since introduction of the treatment cycle (see Figure 3).

Figure 3 | Physiotherapist answers to 'Do you believe the treatment cycle model has improved GP coordination of care and more optimal referral within allied health?'

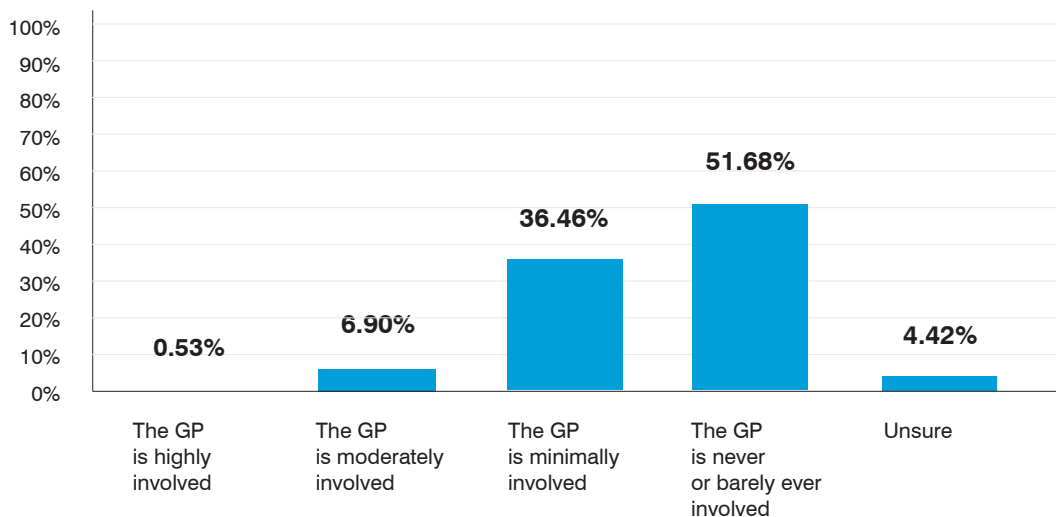


The treatment cycle referral and administrative requirements move veterans onto GP waitlists as they wait to be referred to physiotherapy, increasing barriers to access to timely care.

Veterans cannot choose to 'self-refer' to have funded physiotherapy as a first contact service (funded first contact physiotherapy²⁹) and must be referred for care by their GP²⁸.

For private patients, physiotherapists are first contact, autonomous providers with full scope of practice in musculoskeletal primary care, from diagnostics to treatment planning and the provision of efficacious, high-value exercise and rehabilitation. It is therefore no wonder that the vast majority of physiotherapists report that the GP is minimally involved or never involved in physiotherapy veterans' care (see Figure 4).

Figure 4 | Physiotherapist answers to the question 'In your experience, beyond the provision of the referral and involvement in administrative management, how involved is the GP in the actual clinical assessment/diagnostics, decision-making and management of your physiotherapy veterans' care?'



The ability of physiotherapists to autonomously, independently ensure that veterans' health needs are addressed via physiotherapy should be no surprise to the DVA. The DVA's own analysis of allied health—*Alternative funding models for allied health services for veterans*²⁸, released in August 2021—recommends drawing on the value of physiotherapy for the benefit of veterans. Specifically:

- Model 1a recommends that leadership of Coordinated Treatment and Recovery Plans (CTRP) for veterans could be delegated to specific registered health providers, highlighting that physiotherapists specifically are the appropriate providers to plan and manage care for musculoskeletal conditions²⁸.
- Model 3 recommends bundled payments for evidence-based standard courses of treatment for specific health conditions and references the successful trial of a physiotherapist-led post-knee surgery rehabilitation model of care in New Zealand²⁸.

These models were both deemed feasible²⁸ but have seemingly not been pursued by the department.

While the DVA's 2021 report highlights the value of a physiotherapist in optimising veterans' care, the funding scheme implicitly demotes the role of a physiotherapist, discouraging their presence in care provision for veterans.

Unfortunately, this affects access to care for veterans, who report that it is a challenge to find clinicians who accept clients under the DVA and that this reduces access to healthcare¹⁷.

It is all these aspects of the DVA scheme that make DVA services particularly untenable for physiotherapists in comparison to funding schemes for the general public. See Table 3.

Importantly, the APA survey found that the lack of viability of DVA services in physiotherapy means that many veterans are referred to other services, such as occupational therapy, podiatry and exercise physiology, which are reimbursed at a fee closer to their market price. This means that the low fee for physiotherapy may be increasing costs in the other allied health professions.



PHYSIOS SPEAK UP FOR VETERANS HEALTH

'We need to cap our (physio) visits for veterans, or provide no treatment, meanwhile our OT DVA service is flourishing!'

Queensland metropolitan physiotherapist (business owner of more than 25 years, working in a multidisciplinary setting with occupational therapists).

'This massively undervalues our services and skills (compared to podiatry).'

Queensland rural/regional physiotherapist (employee with 15–25 years' experience).

'Exercise physiology is more viable (than physiotherapy) as less gap between services so it is easier to keep EP services going.'

Australian Capital Territory metropolitan physiotherapist (business owner with more than 25 years' experience, working in a multidisciplinary setting with exercise physiologists).



Table 3. Summary of DVA factors that constrain physiotherapists and reduce access for veterans

DVA factor constraining service	Description
Low fee for service	The DVA's fee for physiotherapy (\$67.95) is an estimated \$43 to \$50 lower than private fees for physiotherapy subsequent (follow-up) consultations.
No additional subsidy for initial consultation	Initial consultations are reimbursed at the same rate, unlike workers compensation and transport accident schemes and private health insurance. This lack of support for initial consultations creates an estimated \$66 to \$74 gap between private fees and the DVA subsidy.
Inability to charge a 'gap' fee	Unlike other schedules, such as Medicare (via MBS CDMP), workers and transport schemes and private health insurance, the DVA does not allow providers to cover costs via any 'gap' fee at all.
Fee disparities between physiotherapy and other services (such as occupational therapy and podiatry)	The DVA's schedule uniquely funds physiotherapy at a lower fee, which encourages under-provision of physiotherapy and orientation of patients to more viable services.
Excessive administrative burden	Physiotherapists report that the administrative burden under the DVA is excessive and of low value to patient care and coordination.
No funded first contact physiotherapy allowed	Unlike private patients, veterans are not allowed to self-refer to physiotherapy (ie, physiotherapists are not funded as first contact providers).

All of these factors cluster together to dissuade busy health providers from providing care under the DVA scheme.



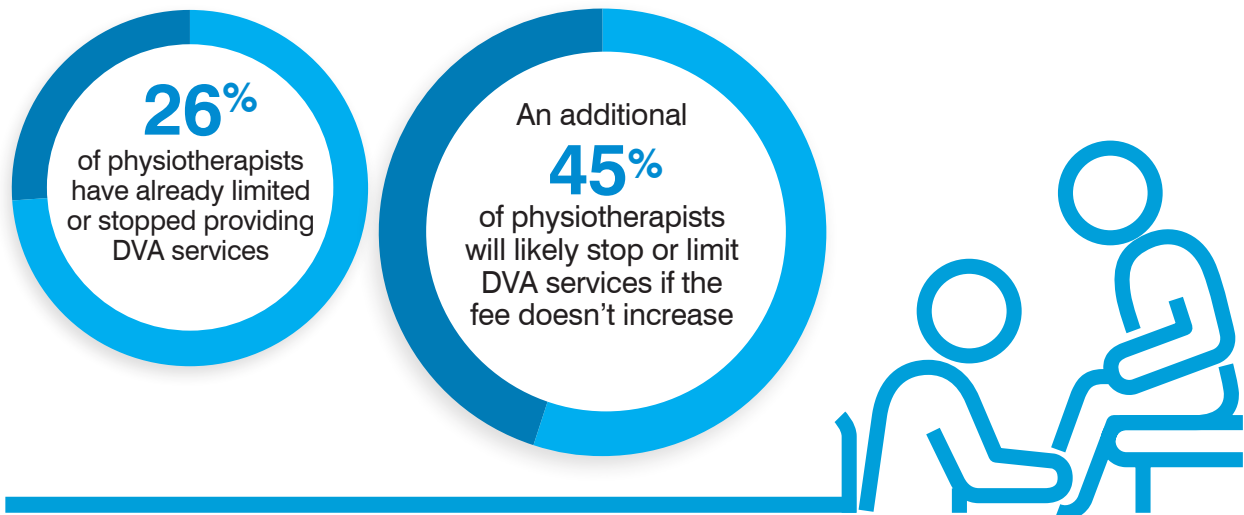
PHYSIOS SPEAK UP FOR VETERANS' HEALTH

'We have to choose to see other patients simply because they pay at our normal rate versus DVA paying 30 per cent under.'

Queensland metropolitan physio (employee with 5–10 years' experience).

Action is needed to sustain the physiotherapy profession in veterans' healthcare

Under a scheme that for years has undervalued and underestimated physiotherapy and in a context of rising operational costs and competing patients—all of whom deserve physiotherapy expertise—the chronically low DVA fee for physiotherapy has unfortunately resulted in a number of physiotherapists being unable to continue providing care to veterans.



Physiotherapists are extremely knowledgeable and passionate about veterans' health and believe that veterans have the right to choose their physiotherapist. However, physiotherapists are currently providing an unviable, unsustainable service and without a significant fee increase, the pool of providers to choose from will reduce.

It is no surprise that many physiotherapists reported that their sincere care for and ethical duty to the veteran community have driven them to find ways to keep this underfunded service afloat.

An analysis of the 'professional values of Australian physiotherapists'³⁰ concluded that the physiotherapy profession particularly values:

- 'the patient and the patient-therapist partnership'
- 'physiotherapy knowledge, skills and practice'
- 'altruistic values'.

It is possible that government apathy about reform that would fund and support the role of the physiotherapist stems from an assumption on the part of the DVA that altruistic physiotherapists will continue in the scheme, in honour of the patient-therapist partnership, even at a significant cost.

This is the case for many physiotherapists in the scheme and APA survey qualitative data revealed that physiotherapists commonly feel their goodwill is being taken advantage of by the DVA:



PHYSIOS SPEAK UP FOR VETERANS' HEALTH

'We see DVA clients as it is the ethical thing to do as we are the only physiotherapy practice in our regional area. However, we are losing money on every DVA consultation we conduct. It feels as if we are being taken advantage of by DVA because we try and run our business in an ethical manner.'

New South Wales regional physiotherapist (employee with 5–10 years' experience).

'As it stands, we are basically offering a community service by treating DVA clients for such a low fee.'

New South Wales metropolitan physiotherapist (business owner with 15–25 years' experience).

'I have lost thousands of dollars supporting DVA patients to the extent I nearly went bankrupt. I took on this group as I previously worked for defence and my entire family were enlisted. I am utterly ashamed of the lack of value these (service) men and women are shown by the dollar value their health is costed at.'

Queensland metropolitan physiotherapist (business owner with over 25 years' experience).

Physiotherapists are vital to the healthcare of veterans. It is true that physiotherapists value the physiotherapist–patient alliance, knowledge and benevolence³⁰ and this should be taken as a reason to support the profession, not as an excuse to take advantage via consistent underfunding of veterans' care.

APA survey data reveals the voice of the physiotherapy profession loud and clear—support physiotherapists to support veterans.



The Australian Physiotherapy Association would welcome sincere, outcomes-focused **consultation and engagement** between the Department of Veterans' Affairs and the APA to ensure that veterans' care arrangements support access to clinically appropriate services and continuity of care for veterans.

REFERENCES

1. Australian Health Practitioner Regulation Agency (Ahpra). Physiotherapy Workforce Analysis. Ahpra & National Boards [Internet]. 2021 [cited 2023 June 20]. Available from: <https://www.ahpra.gov.au/About-Ahpra/What-We-Do/Data-access-and-research/Health-profession-demographic-snapshot-reports.aspx>
2. Richardson A. Industry Report Q8533: Physiotherapy Services in Australia. IBISWorld [Internet]. 2022 [cited 2023 June 20].
3. Ministers' Media Centre. 2022 Skills Priority List almost doubles occupations with skill shortages. Australian Government [Internet]. 2022 [cited 2023 June 20]. Available from: <https://ministers.dewr.gov.au/anthony-albanese/2022-skills-priority-list-almost-doubles-occupations-skills-shortages>
4. Institute for Health Metrics and Evaluation (IHME). GBD Compare, Australia: Both sexes, all ages, DALYs per 100,000. University of Washington [Internet]. 2019 [cited 2023 June 20]. Available from: <https://vizhub.healthdata.org/gbd-compare/>
5. Australian Institute of Health and Welfare (AIHW). Chronic disease, overview. Commonwealth of Australia [Internet]. 2022 [cited 2023 June 20]. Available from: <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview>
6. Labour Market Insights. Physiotherapists. Australian Government [Internet]. 2021 [cited 2023 June 20]. Available from: <https://labourmarketinsights.gov.au/occupation-profile/Physiotherapists?occupationCode=2525>
7. Breadon P, Romanes D. A new Medicare: Strengthening general practice. Grattan Institute [Internet]. 2022 [cited 2023 June 20]. Available from: <https://grattan.edu.au/report/a-new-medicare-strengthening-general-practice/>
8. Stynes S, Jordan KP, Hill JC, Wynne-Jones G, Cottrell E, Foster NE, Goodwin R, Bishop A. Evaluation of the First Contact Physiotherapy (FCP) model of primary care: patient characteristics and outcomes. Physiotherapy [Internet]. 2021 [cited 2023 June 20]. Available from: <https://www.sciencedirect.com/science/article/pii/S0031940621000742>
9. Downie F, McRitchie C, Monteith W, Turner H. Physiotherapist as an alternative to a GP for musculoskeletal conditions: a 2-year service evaluation of UK primary care data. Br J Gen Pract [Internet]. 2019 [cited 2023 June 20]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6478452/>
10. Duckett S, Swerissen H. Building better foundations for primary care. Grattan Institute [Internet]. 2017 [cited 2023 June 20]. Available from: <https://grattan.edu.au/report/building-better-foundations/>
11. Australian Physiotherapy Association (APA). Studying Physiotherapy. APA [Internet]. 2023 [cited 2023 June 20]. Available from: <https://australian.physio/aboutus/studying-physiotherapy#:~:text=Prerequisite%20subjects%2C%20or%20assumed%20knowledge,a%20postgraduate%20qualification%20in%20physiotherapy.>
12. Physiotherapy Board of Australia. Registrant data. Australian Health Practitioner Regulation Agency (Ahpra) [Internet]. 2023 [cited 2023 June 20] Available from: <https://www.physiotherapyboard.gov.au/about/statistics.aspx>
13. Department of Health and Aged Care. Australia's Primary Health Care 10 Year Plan 2022-2032. Commonwealth of Australia [Internet]. 2022 [cited 2023 June 20]. Available from: <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>
14. Australian Institute of Health and Welfare (AIHW). Health of Veterans. Commonwealth of Australia [Internet]. 2023 [cited 2023 June 20]. Available from: <https://www.aihw.gov.au/reports/veterans/health-of-veterans/contents/health-status>
15. Oster C, Morello A, Venning A, Redpath P, Lawn S. The health and wellbeing needs of veterans: a rapid review. BMC Psychiatry [Internet]. 2017 [cited 2023 June 20]. Available from: <https://bmc-psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1547-0>
16. Transition and Wellbeing Research Programme. Mental Health and Wellbeing Transition Study: Physical Health Status, Summary Report. Commonwealth of Australia [Internet]. 2018 [cited 2023 June 20]. Available from: <https://www.dva.gov.au/documents-and-publications/transition-and-wellbeing-research-programme-physical-health-status>
17. Ross MH, Prguda E, Setchell J. Exploring the Experiences of Australian Veterans with Accessing Healthcare: A Qualitative Study. Journal of Veterans Studies. 2023; 9(1):60–72.

18. Sanders T, Foster NE, Bishop A, Ong BN. Biopsychosocial care and the physiotherapy encounter: physiotherapists' accounts of back pain consultations. *BMC Musculoskeletal Disorders*. 2013; 14:65.
19. Wijma AJ, Bletterman AN, Clark JR, Vervoort SCJM, Beetsma A, Keizer D, Nijs J, Van Wilgen CP. Patient-centeredness in physiotherapy: What does it entail? A systematic review of qualitative studies. *Physiotherapy Theory Pract* [Internet]. 2017 [cited 2023 June 20]. Available from: <https://pubmed.ncbi.nlm.nih.gov/28820617/>
20. Department of Veterans' Affairs. Physiotherapists Schedule of Fees Effective 1 October 2022. Commonwealth of Australia [Internet]. 2022 [cited 2023 June 20]. Available from: <https://www.dva.gov.au/get-support/providers/notes-fee-schedules-and-guidelines/fee-schedules/dental-and-allied-health-fee>
21. Department of Veterans' Affairs. Information for General Practitioners, Practice Nurses and other primary healthcare providers. Commonwealth of Australia [Internet]. 2023 [cited 2023 June 20]. Available from: <https://www.dva.gov.au/get-support/providers/information-general-practitioners-practice-nurses-and-other-primary>
22. Australian Physiotherapy Association. Department of Veterans' Affairs Dental and Allied Health Review, Presented to the Department of Veterans' Affairs (DVA). APA [Internet]. 2016 [cited 2023 June 20].
23. Department of Veterans' Affairs. Review of DVA Dental and Allied health arrangements, Final Report. Commonwealth of Australia [Internet]. 2018. [cited 2023 June 20]. Available from: <https://www.dva.gov.au/documents-and-publications/review-dva-dental-and-allied-health-arrangements-final-report>
24. Swannell C. Veterans' Rebate Not Enough to Keep Practices Viable. *The Medical Republic* [Internet]. 2023 [cited 2023 June 20]. Available from: www.medicalrepublic.com.au/veterans-rebate-not-enough-to-keep-practices-viable/
25. Department of Veterans' Affairs. Occupational Therapists Schedule of Fees Effective 1 October 2022. Commonwealth of Australia [Internet]. 2022 [cited 2023 June 20]. Available from: <https://www.dva.gov.au/get-support/providers/notes-fee-schedules-and-guidelines/fee-schedules/dental-and-allied-health-fee>
26. Department of Veterans' Affairs. Podiatrist Schedule of Fees Effective 1 October 2022. Commonwealth of Australia [Internet]. 2022 [cited 2023 June 20]. Available from: <https://www.dva.gov.au/get-support/providers/notes-fee-schedules-and-guidelines/fee-schedules/dental-and-allied-health-fee>
27. Department of Veterans' Affairs. Addressing existing price regulations and below market rate fees in veterans' care. Commonwealth of Australia [Internet]. 2021 [cited 2023 June 20]. Available from: <https://www.dva.gov.au/providers/provider-news/increased-dva-fees-occupational-therapy-and-podiatry-consultations>
28. Nous Group. Alternative funding models for allied health services for veterans. Department of Veterans' Affairs. 2021 [cited 2023 June 20]. Available from: <https://www.dva.gov.au/providers/notes-fee-schedules-and-guidelines/dental-and-allied-health-reform>
29. Australian Physiotherapy Association (APA). Publicly Funded First Contact Physiotherapy (FCP). APA [Internet]. 2023.
30. Aguilar A, Stupan I, Scutter S, King S. Exploring the Professional Values of Australian Physiotherapists. *Physiotherapy Research International* [Internet]. 2012 [cited 2023 June 20]. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1002/pri.1525>