

SUBMISSION



# Fair Work Commission – Gender Undervaluation Priority Awards Review

Submission by the  
**Australian Physiotherapy Association**

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**Authorised by:**

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## **Acknowledgement of Traditional Owners**

The APA acknowledges the Traditional Custodians  
of Country throughout Australia and their  
connections to land, sea and community.  
We pay our respect to their Elders past and present  
and extend that respect to all Aboriginal and  
Torres Strait Islander Peoples today.

## About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 35,000 members. The APA corporate structure is one of a company limited by guarantee and is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association. Of the potential nine Directors, seven must be financial members of the APA, and up to two may be external, non-physiotherapist Directors.

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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## Introduction

The Australian Physiotherapy Association (APA) welcomes the opportunity to support the Fair Work Commission's ('the Commission') review of gender-based pay inequities under the Health Professionals and Support Services (HPSS) Award.

In our previous two submissions<sup>1</sup>, the APA reaffirmed its strong commitment to gender pay equity and advocated for appropriate wage increases for physiotherapists. We emphasised the importance of phasing and of broader structural reform to meaningfully readdress historical undervaluation of the profession - a disparity that has disproportionately impacted a female-dominated workforce.

The APA appreciates and acknowledges the Commission's decision to accommodate for a five-year phasing in, though notes the Commission did not action the APAs request to maintain differentiated graduate entry at AQF 7 8 9 for physiotherapy. The APA reiterates the importance of this request in this submission and makes the following further recommendations in relation to the Commission's review of gender-based undervaluation:

1. **Recognition of differentiated AQF levels for physiotherapy:** The classification structure must recognise that entry to the physiotherapy profession occurs across multiple Australian Qualifications Framework (AQF) levels (Levels 7, 8 and 9).
2. **Review of classification relativities and convergence:** The APA notes the potential for unintended inequities within the proposed classification structures and recommends that the relativities between levels be reviewed. This should ensure appropriate progression and avoid disparities between first-year graduates and more experienced clinicians that are not present in the current Award.

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<sup>1</sup> [https://australian.physio/sites/default/files/submission-2025-05/APA\\_Submission\\_Fair\\_Work\\_Commission\\_May25.pdf](https://australian.physio/sites/default/files/submission-2025-05/APA_Submission_Fair_Work_Commission_May25.pdf)  
[https://australian.physio/sites/default/files/submission-2025-09/APASubmission\\_FWA\\_Gender\\_undervaluation\\_priority\\_Awards\\_September2025.pdf](https://australian.physio/sites/default/files/submission-2025-09/APASubmission_FWA_Gender_undervaluation_priority_Awards_September2025.pdf)

3. **Clarification of the use of the term ‘specialist’:** Particularly for physiotherapy the use of the term ‘specialist’ within classification descriptors should be clarified to reflect its non-protected status under the national regulatory framework administered by Australian Health Practitioner Regulation Agency.
4. **Impact on practice sustainability:** The APA highlights significant concerns regarding the impact of proposed changes on the financial sustainability of physiotherapy practices, particularly in the context of constrained funding environments and rising workforce costs.

Addressing these issues is central to ensuring that the Award properly reflects the work value of physiotherapists and does not inadvertently contribute to undervaluation.

**This submission builds on our previous contribution and reflects the APA’s ongoing commitment to supporting the Commission’s efforts to achieve gender pay equity through evidence-informed, practical reform.**

## Recommendations

### 1. Recognition of differentiated AQF levels for physiotherapy

In undertaking the gender-based undervaluation review, the Commission is assessing whether existing classification structures properly recognise the skills and qualifications required to perform work within the Award. The Commission has previously indicated that classification structures should reflect:

- the nature of work performed.
- the level of professional judgement and responsibility required.
- the qualifications and training necessary to perform the work.

The APA submits that properly recognising the range of physiotherapy qualifications across AQF levels is necessary to satisfy these principles. The APA thus requests that Schedule B be corrected to reflect the current breadth of entry to practice qualification landscape for the physiotherapy profession which traverses AQF 7, 8 and 9.

#### 1.1 Physiotherapy qualifications span multiple AQF levels

Entry to the physiotherapy profession occurs through a range of accredited education pathways recognised by the Australian Physiotherapy Council and the Physiotherapy Board of Australia. These pathways reflect a balanced distribution of qualification levels across the Australian Qualifications Framework (AQF), demonstrating that there is no single standard entry point to the profession.

**Across Australia, physiotherapy programs are delivered through 61 accredited courses spanning AQF Levels 7 to 9 (see Appendix 1) for a full course listing:**

	Count	%
AQF 7	17	28%
AQF 8	20	33%
AQF 9	24	39%
<b>Total count of courses</b>	<b>61</b>	<b>100%</b>

**This distribution is reflected in the composition of the graduate workforce (see Appendix 2), with:**

- 28% graduate entry via Bachelor of Physiotherapy (4 years) - generally aligned with AQF Level 7
- 39% graduate entry via Bachelor of Physiotherapy (Honours) - AQF Level 8
- 33% graduate entry via Master of Physiotherapy and Extended Master of Physiotherapy - AQF Level 9.

Each of these qualifications leads to eligibility for professional registration with the Physiotherapy Board of Australia.

Physiotherapy is an evidenced-based profession delivering high value healthcare and effective health outcomes for patients. The APA submits that the Award classification structure should reflect this reality rather than assume a single qualification level for entry into the profession.

### **1.2 Parity across comparable allied health**

The Commission has previously recognised that health professions may enter practice through multiple qualification pathways at different AQF levels. In particular, the Commission has acknowledged differentiated qualifications within the speech pathology, dieticians and social work professions, where both undergraduate and graduate-entry master's pathways exist.

For example, speech pathologists commonly enter the profession through a Bachelor of Speech Pathology (AQF Level 7 or 8 depending on honours structure), or a Master of Speech Pathology (AQF Level 9).

Likewise, other professions are represented in Schedule B reflecting their differentiated graduate entry pathways - including Social Worker (AQF 7, 8 and 9), Dietician (AQF 7, 8 and 9), Health Information Manager (AQF 7, 8 and 9), Prosthetist/Orthotist (AQF 7 and 8) and Medical Imaging Technologist (AQF 7, 8 and 9).

The Commission's recognition of these pathways demonstrates that the existence of multiple AQF entry points is not unusual within allied health professions and can be appropriately recognised within Award classification structures.

The APA submits that physiotherapy is directly comparable in this regard and should be treated consistently.

### **1.3 Professional recognition and workforce implications**

The classification of qualifications within modern Awards does not occur in isolation. It can influence how professions are understood across the broader health policy environment.

Recognising physiotherapy qualifications at their appropriate AQF levels:

- accurately reflects the academic and clinical preparation required for practice
- ensures the profession is appropriately positioned alongside comparable regulated health professions
- supports accurate understanding by governments and funding bodies.

Conversely, failure to recognise these distinctions risks creating a classification structure that understates the level of professional training associated with physiotherapy practice and has the potential to affect the way the profession is perceived within broader workforce and funding policy discussions.

## 2. Review of classification relativities and convergence

### 2.1 Relativities between AQF classifications and pay points

The APA notes the potential for unintended inequities within the proposed classification structures and recommends that the relativities between classifications and levels be reviewed. This should ensure appropriate progression and avoid unintended outcomes and disparities between first-year graduates and more experienced clinicians that are not present in the current Award.

For example, under the proposed structure, a first-year AQF Level 9 graduate may be remunerated at a higher rate than an AQF Level 7 clinician with several years of practical experience. The APA submits that this outcome does not appropriately reflect relative work value, particularly in a profession where clinical capability, productivity, and supervision requirements are strongly linked to experience in practice.

The APA draws the Commission's attention to the relativities between AQF Levels 7, 8 and 9 under the proposed model, which represent a significant departure from the current Award. Under the existing Award, the differential between Bachelor and Master level entry is approximately 3.4%, with effective convergence occurring within a relatively short period.

By contrast, the proposed Award structure introduces materially larger and more persistent differentials. For example, in the first year of practice, the differential between AQF Level 8 and AQF Level 9 is approximately 8%, and between AQF Level 7 and AQF Level 9 approximately 10%. These elevated relativities persist over several years, with the AQF 8 to 9 differential remaining materially higher than AQF 7 to 8 across all stages of progression.

On average, the proposed relativities result in an approximate differential of 1.9% between AQF Levels 7 and 8, a 5.4% between AQF Levels 8 and 9, and 7.4% between AQF Levels 7 and 9. This represents a substantial expansion of relativities compared to the current Award.

The APA submits that these relativities are excessive and risk creating distortions within the workforce, including cost pressures for employers and inequities between graduates and more experienced clinicians. The differential places significant financial pressure on practices employing graduates at higher AQF levels and potentially creates a disincentive to hire AQF Level 9 graduates. This may, in turn, adversely impact employment opportunities for these graduates.

The APA therefore recommends that the Commission recalibrate the relativities such that the differential between AQF Levels 7 and 9 does not exceed approximately 3.5%, and the differential between AQF 7 and 8 is half of this at 1.75%. This will ensure the classification structure delivers fair, logical, and sustainable outcomes for both employees and employers.

### 2.2 Earlier convergence:

The APA also submits that the current period of differentiation between AQF Levels 7, 8 and 9 is excessively prolonged and does not appropriately reflect the rate at which graduate physiotherapists develop competence in practice.

Requiring up to seven years, or progression to Level 2.1, before convergence in remuneration occurs places an unnecessary and sustained cost burden on employers without clear evidence of commensurate differences in work value over that duration.

The APA therefore recommends that any differentiation in graduate entry classifications be reduced, with convergence occurring for graduates in AQF levels 7,8 and 9 within a period of approximately two to four years. This approach would more appropriately balance recognition of qualification pathways with the practical realities of workforce development, while reducing ongoing cost pressures and supporting the sustainability of physiotherapy services.

### 3. Clarification of the term 'Specialist'

#### 3.1 Regulatory context

The APA also seeks clarification regarding the use of the term **specialist** within level 2 classification descriptors.

In Australia, the titles of registered health professions are protected by law. Under the Health Practitioner Regulation National Law (National Law), specialist registration is only available to certain professions, and it is a breach of national law from a practitioner to reference themselves as a specialist when they are not.

Thus, the use of the term 'specialist' within the Award is problematic and potentially misleading, especially if left undefined.

#### 3.2 Specialist recognition within physiotherapy

Within physiotherapy, 'Specialist' recognition is awarded through the Australian College of Physiotherapists (ACP). The ACP awards the credential 'Specialist Physiotherapist' to practitioners who have demonstrated advanced clinical expertise through a rigorous program of training, assessment and peer review. This pathway represents the highest level of clinical recognition within the profession.

The title of 'Specialist physiotherapist' is restricted to those who have successfully completed this process and been formally awarded the credential by the ACP. It is not appropriate for physiotherapists to use the title to denote a general level of advanced expertise outside of this recognised pathway.

Where the Award refers to the term 'specialist', there is a risk that it may be interpreted as aligning with, or conferring, this formally recognised credential, creating confusion for practitioners, employers and patients.

#### 3.3 Importance of clarity in classification language

Given the varied and often inconsistent use of the term 'specialist' across the health sector, the APA submits that its use within the Award should be carefully considered to avoid unintended ambiguity or misinterpretation.

In particular, the use of the term should not:

- imply that it is a protected title under the National Registration and Accreditation Scheme; or
- create inconsistency with established professional credentialing frameworks, such as the ACP Specialist pathway.

The APA therefore submits that the term 'specialist' should be avoided, and the commission should use another term to be descriptive of work value or an attainment of a deeper level of focus or expertise.

## 4. Impact on practice sustainability

The APA reiterates from earlier submissions that reform within the Award must be considered within the broader economic and service delivery context facing physiotherapy practices, particularly in private and community settings.

Many physiotherapy services operate within constrained funding environments, where revenue is often determined by external mechanisms such as government schemes and third-party payers. At the same time, practices are experiencing sustained increases in operating costs, including wages, compliance obligations, and the rising costs associated with delivering high-quality, safe care.

Against this backdrop, feedback from APA members - particularly practice owners - highlights serious and immediate concerns regarding business sustainability and the capacity of practices to absorb excessive wage increases, especially when coupled with annual wage indexation.

Importantly, these findings must be understood in the operational context of physiotherapy practices, many of which are small to medium businesses with limited capacity to offset excessive wage costs through service fee adjustments in their practices. In many cases, fee structures are effectively capped by third-party funders, meaning increased wage obligations cannot be readily passed on. Where fee increases may be viable, the impact is ultimately borne by patients. This is particularly acute in regional and rural communities, where cost-of-living pressures mean that many patients simply cannot absorb higher out-of-pocket costs, creating a real risk to ongoing access to essential physiotherapy services.

The sector has consistently raised concerns that:

- businesses may lack the capacity to absorb excessive wage costs without reducing margins or altering service models
- workforce viability may be impacted, including reduced hiring, slower workforce growth, or changes to graduate recruitment strategies including selective hiring.
- there may be unintended consequences for service accessibility, particularly in community and regional settings where margins are already tight.
- cumulative cost pressures could undermine the long-term sustainability of allied health service provision.

The APA submits that these risks are not theoretical. They reflect current operating realities for physiotherapy businesses and should be given significant weight in considering any changes to classification structures under the HPSS Award.

Accordingly, any proposed variation must carefully balance workforce objectives with the financial sustainability of service providers, to avoid unintended negative impacts on employment, service access, and the broader allied health system.

The APA believes that implementing the proposed adjustments between AQF level pay differentials, as highlighted in section 2.1, will assist with these sustainability issues.

## Conclusion

The APA reiterates its strong support for the Commission's objective of addressing gender-based undervaluation within the HPSS Award and acknowledges the significant progress made through the current review. Physiotherapy is a highly skilled, evidence-based profession that has historically been undervalued, and reform of the Award presents an important opportunity to ensure that remuneration more accurately reflects the work value of the profession.

However, the APA submits that the proposed classification structures require further refinement to avoid unintended consequences that may undermine both fairness and workforce sustainability. In particular, it is critical that the Award appropriately recognises the range of AQF entry pathways, maintains logical and proportionate relativities between classifications, avoids inequities between graduates and experienced clinicians, and ensures that terminology such as 'specialist' is applied with clarity and consistency. Addressing these issues will support a classification framework that is both equitable and aligned with the realities of physiotherapy practice.

The APA also emphasises that these considerations must be balanced against the economic and service delivery context in which physiotherapy operates. Many practices face constrained revenue and increasing cost pressures, and the capacity to absorb additional wage increases is limited. Without careful calibration, there is a risk that well-intentioned reforms may have unintended impacts on employment, workforce growth, and access to services.

Accordingly, the APA urges the Commission to adopt a measured approach that supports gender pay equity while ensuring the ongoing viability of physiotherapy services. A balanced outcome will not only deliver fair remuneration for physiotherapists but also safeguard the accessibility and sustainability of essential healthcare services for the Australian community.

**We thank the Commission for its leadership on this important issue and appreciate the opportunity to contribute. The APA remains committed to continued engagement as the process moves forward.**

## Appendix 1: Australian accredited physiotherapy courses

### Summary:

	Count	%
AQF 7	17	28%
AQF 8	20	33%
AQF 9	24	39%
<b>Total count of courses</b>	<b>61</b>	<b>100%</b>

### Approved courses:

Education Provider	Program of Study	AQF level
Adelaide University	Master of Physiotherapy	AQF 9
Australian Catholic University	Bachelor of Physiotherapy	AQF 7
Australian Catholic University	Bachelor of Physiotherapy	AQF 7
Australian Catholic University	Bachelor of Physiotherapy (Honours)	AQF 8
Bond University	Doctor of Physiotherapy	AQF 9
Central Queensland University	Bachelor of Physiotherapy (Honours)	AQF 8
Charles Darwin University	Bachelor of Health Science/Master of Physiotherapy	AQF 9
Charles Sturt University	Bachelor of Physiotherapy	AQF 7
Charles Sturt University	Bachelor of Physiotherapy (Honours)	AQF 8
Curtin University	Bachelor of Science (Physiotherapy)	AQF 7
Curtin University	Bachelor of Science (Physiotherapy) (Honours)	AQF 8
Curtin University	Doctor of Physiotherapy	AQF 9
Federation University Australia	Bachelor of Physiotherapy	AQF 7
Federation University Australia	Bachelor of Physiotherapy (Honours)	AQF 8
Flinders University	Bachelor of Allied Health (Physiotherapy)	AQF 7
Flinders University	Master of Physiotherapy	AQF 9
Griffith University	Bachelor of Physiotherapy	AQF 7
Griffith University	Bachelor of Physiotherapy (honours)	AQF 8
Griffith University	Bachelor of Physiotherapy (honours)	AQF 8
James Cook University	Bachelor of Physiotherapy	AQF 7
James Cook University	Bachelor of Physiotherapy (Honours)	AQF 8
La Trobe University	Bachelor of Applied Science and Master of Physiotherapy Practice	AQF 9
La Trobe University	Bachelor of Physiotherapy (Honours)	AQF 8
La Trobe University	Master of Physiotherapy Practice	AQF 9
Macquarie University	Doctor of Physiotherapy	AQF 9
Monash University	Bachelor of Physiotherapy (Honours)	AQF 8

Monash University	Doctor of Physiotherapy	AQF 9
RMIT University	Master of Physiotherapy	AQF 9
Southern Cross University	Bachelor of Physiotherapy	AQF 7
Swinburne University of Technology	Master of Physiotherapy	AQF 9
The University of Queensland	Bachelor of Physiotherapy (Honours)	AQF 8
The University of Queensland	Master of Physiotherapy Studies	AQF 9
University of Adelaide	Bachelor of Physiotherapy (Honours)	AQF 8
University of Canberra	Bachelor of Physiotherapy	AQF 7
University of Canberra	Bachelor of Physiotherapy (Honours)	AQF 8
University of Canberra	Master of Physiotherapy (Graduate Entry)	AQF 9
University of Melbourne	Doctor of Physiotherapy	AQF 9
University of New South Wales	Bachelor of Exercise Science / Master of Physiotherapy and Exercise Physiology	AQF 9
University of Newcastle	Bachelor of Physiotherapy (Honours)	AQF 8
University of Notre Dame Australia	Bachelor of Physiotherapy	AQF 7
University of Notre Dame Australia	Bachelor of Physiotherapy (Honours)	AQF 8
University of Notre Dame Australia	Master of Physiotherapy	AQF 9
University of South Australia	Bachelor of Physiotherapy (Honours)	AQF 8
University of South Australia	Master of Physiotherapy (Graduate Entry)	AQF 9
University of Southern Queensland	Bachelor of Physiotherapy (Honours)	AQF 8
University of Sydney	Bachelor of Applied Science (Physiotherapy)	AQF 7
University of Sydney	Bachelor of Applied Science (Physiotherapy) (Honours)	AQF 8
University of Sydney	Doctor of Physiotherapy	AQF 9
University of Sydney	Master of Physiotherapy	AQF 9
University of Tasmania	Master of Physiotherapy	AQF 9
University of Tasmania	Master of Physiotherapy	AQF 9
University of Technology Sydney	Master of Physiotherapy	AQF 9
University of the Sunshine Coast	Bachelor of Physiotherapy (Honours)	AQF 8
Victoria University	Bachelor of Applied Movement Sciences/Master of Physiotherapy	AQF 9
Victoria University	Master of Physiotherapy	AQF 9
Western Sydney University	Bachelor of Physiotherapy	AQF 7
Western Sydney University	Bachelor of Physiotherapy (Honours)	AQF 8

## Appendix 2: Australian physiotherapy graduate completions

	Year	Graduate completions	%
<b>Bachelor (AQF 7)</b>	2024	632	<b>28%</b>
<b>Bachelor Honours (AQF 8)</b>	2024	875	<b>39%</b>
<b>Masters and Extended Masters (AQF 9)</b>	2024	750	<b>33%</b>
		<b>2257</b>	

Source data: 2024 Graduate completions as provided by the Australian Physiotherapy Council