Submission

Input to the National Skills Commission Care Workforce Labour Market Study

Submission by the

Australian Physiotherapy Association

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Table of Contents

Executive Summary

The Australian Physiotherapy Association (APA) welcomes the opportunity to provide input to the National Skills Commission's Care Workforce Labour Market Study. This Study comes at a critical point in the policy cycle to help strengthen future policy direction towards sustainable solutions to tackle the ongoing workforce shortages impacting on quality care for our most vulnerable Australians. The APA thanks the National Skills Commission (the Commission) for prioritising policy inputs from those on the front line – our valued care and support workers and the broader disciplines that fall within the scope of this review including physiotherapy – as providing essential workforce insights to the Study.

Reform requirements

Valuing care and support workers

The APA notes the scope of this Study, in the context of recent reviews and significant reform underway, with the focus of the Commission being in gaining a deeper understanding of demand and supply factors for the care and support workforce. The APA also notes that the Study attempts to take a holistic view across sectors to better understand the common workforce across aged, disability, veteran and mental health care. However, in building a responsive and capable workforce, and in reaching sustained growth of this critical workforce, as stated as your key objective, it is valuing care work and care and support workers that requires the most policy attention as the key factor affecting the supply in both the near and longer term.

Despite increasing levels of demand and increasing complexity of care, it is the group termed 'Care and Support Workers', encompassing 'Aged and Disabled Carers' and 'Nursing Support and Personal Care Workers', that remains the most undervalued, resulting in low job satisfaction and low relative pay. In addressing Australia's insecure work crises, a priority focus must be placed on this essential component of the care workforce where a lack of investment has seen the skills profile of the workforce deteriorate, leading to serious policy impacts which translate as missed or rationed care and resultant neglected care. This abuse and neglect has been clearly evidenced in the two royal commissions into aged care (final report tabled on 1 March 2021) and disability (report pending time extension to 29 September 2023).

Valuing skills

The APA agrees that a more diverse skill mix is required to enable more person-centred approaches across sectors. Significant reform is required to optimise this workforce to allow person-centred, relational models of practice and adequate time for care. This requires a more prescriptive skills focus supporting advanced scope roles that can facilitate more multi-disciplinary, team-based approaches to enable high quality care. It is clear that optimal models cannot work in an underfunded service environment where changing patterns of demand, significant reform and incremental change have not been matched with appropriate changes in funding models. Supportive funding models are needed to fully realise the potential opportunities presented by advanced scope roles.

The Commission has the opportunity to set the skills mix and roles that will deliver quality and safe care. Valuing skills must be core to the response to attract optimal staff and skill mix appropriate to need to strengthen quality of care and quality of life outcomes. The considerable issues contributing to demand across aged, disability, veteran and mental health care have hindered efforts to date. The policy inaction in aged care and the ineffective iterative reform approach in disability, where pricing,

workforce shortages and uncertainty have significantly impacted workforce development, have limited supply planning.

The physiotherapy workforce

Workforce data

The Physiotherapy Board of Australia releases quarterly registration data (below) which shows 38,727 registered physiotherapists. This differs significantly to the Australian and New Zealand Standard Classification of Occupations (Australian Bureau of Statistics) headcount of 29,500 physiotherapists reported in the Labour Force Survey February 2021 and featured in the tables at section 2.2, in detailing the preliminary occupations in focus, of the Commission's *Care Workforce Labour Market Study Discussion Paper*.

Registration type

Table 1.1 Registration type and subtype by principal place of practice

Registration types	Registration subtypes	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
General		765	10,944	215	7,156	2,924	589	9,050	4,319	949	**36,911**
Limited	Postgraduate training or supervised practice	9	217	2	126	58	18	310	55	5	**800**
	Teaching or research		8		6			2			**16**
Non-practising		13	219		144	37	9	189	76	313	**1,000**
Total		**787**	**11,388**	**217**	**7,432**	**3,019**	**616**	**9,551**	**4,450**	**1,267**	**38,727***

* 2,051 eligible physiotherapists that are part of the short-term pandemic response sub-register are included in the above table.

Source: Physiotherapy Board of Australia. March 2021

There is a need to prioritise a national comprehensive data strategy for the care and support workforce to inform policy and workforce planning. We acknowledge that work has commenced to address some of the data deficits at the allied health level, as detailed against Q15. However, national data capture of the care and support workforce is still deficient particularly in identifying training and skill need.

Supply and demand

Physiotherapists have a pivotal role in addressing increasing demand across aged, disability, veteran and mental health care. However, workforce barriers persist with our members having to navigate complex systems with significant unpaid time spent on untangling red tape. As service demand increases, it is inadequate pricing that remains the biggest threat for members in maintaining a level of high-quality service, and remaining financially viable.

The APA acknowledges the Government's recent commitment in the $12.3 million care and support workforce package in this year's budget. This being the first stage of investments to support regulatory alignment reforms across the aged care, disability and veteran-care sectors to create a single care and support workforce.

The Commission's Study will help to prioritise the research required to fully understand the characteristics of the care workforce. Workforce supply and demand for physiotherapy against aged care, disability, veteran and mental health care certainly requires more focus and a commitment to national data capture. We acknowledge the work of the states and territories in prioritising recent workforce studies. In Victoria, a 2016 report showed a clear need to ensure adequate

supply and skills for growing areas of need, including acute and sub-acute areas, aged care, disability, complex patients and interdisciplinary roles. Other key studies have been undertaken in New South Wales (NSW Health Physiotherapy horizons scanning report 2018) and Tasmania (Tasmania Health Workforce 2040: Allied Health (draft)).

Physiotherapy workforce planning

Despite steady increasing supply, the ability of the physiotherapy workforce to meet increasing demand remains uncertain. Early career workforce attrition remains a key issue impacting on the profession and future supply. There is a need to prioritise retention strategies, including incentivised upskilling and advanced skill acquisition to build workforce capacity. This is particularly vital in the context of an ageing community and in meeting increasing needs of the care and support sector. Addressing modifiable factors of attrition would improve retention building workforce capacity including re-entry and flexible return-to-work programs (Pretorius, Karunaratne, & Fehring, 2015).

The COVID-19 pandemic has the potential to affect the physiotherapy workforce in Australia. In 2019 almost 20 per cent of physiotherapists reported not having obtained qualification in Australia (National Health Workforce Dataset, Physiotherapists 2015-2019). With uncertainty on when Australia will be opening their borders, it is important to consider what impact a decrease in overseas qualified physiotherapists will have on the workforce.

Commissioned reports

The APA commissioned the Nous Group to develop two strategic workforce papers to support future planning for the future of both private and public physiotherapy services in Australia. Undertaken in 2015, the *InPractice 2025* report explored the strategic drivers of the industry in identifying features of successful private practice in the future. *InPublic 2025* provided a comprehensive outlook and vision for the future of public physiotherapy services in Australia. The report examined the long-term strategy of the public health sector, the role of physiotherapists within it, and how the environment will change over the next 10 years. These reports are available to the Commission upon request.

It is important to note that since these reviews commenced, the policy landscape has changed considerably, particularly in the care and support sector, with work now commenced to develop a White Paper on the Future of Physiotherapy in Australia. This future APA-led workforce review will identify and quantify the physiotherapy workforce required to meet future challenges in addressing increasing need.

More recently, the APA commissioned the Nous Group to undertake an analysis of the value of a range of physiotherapy interventions. This landmark report has, for the first time, built a robust picture of our high-level impacts and the value this provides to the health care sector. The study found that treatments by physiotherapists deliver both health and economic benefits. Interventions are clinically effective and deliver net economic benefits, with quality of life improvements exceeding treatment costs. The Commission can access the study online https://australian.physio/economic-value and we would welcome an opportunity to brief you further on these findings.

Towards sustainable supply

The APA welcomes the opportunity to provide discipline-specific inputs to the Commission's review and present insights about the important task of prioritising skills planning. These requirements are key aspects of forming a complete picture of the available health workforce and relevant to both the Commission's Care Workforce review and the 10-year Primary Health Care Plan in enabling new models of care to drive the required transitions.

The key workforce requirements towards sustainable supply from a physiotherapy discipline perspective is summarised against each of the Commission's priority cohorts and focus areas immediately below. The disability workforce input is provided in the context of the newly released NDIS National Workforce Plan 2021-2025. The aged care input relates to implementing the workforce and skill related findings from the Royal Commission into Aged Care Quality and Safety. Further workforce needs and challenges unique to the care and support sector and the role of physiotherapy are expanded on in the body of the submission.

Disability workforce

The APA acknowledges the release of the *NDIS National Workforce Plan 2021-2025* on Thursday 10 June 2021 and we are looking forward to the Department briefing to the sector scheduled on 29 June. The APA shares the NDIS's vision 'to build a responsive and capable workforce that supports NDIS participants to meet their needs and achieve their goals'.

Priorities *#2: Train and support the NDIS workforce*; and *#3: Reduce red tape, facilitate new service models and innovation, and provide more market information about business opportunities in the care and support sector* are critically important to grow capacity and capability.

We welcome the approach that aims at increasing regulatory alignment for providers and workers across the sector and initiative #10 dedicated to this aim. However, the action associated with the initiative is a '*review to explore options to achieve greater regulatory alignment across the care sector, including for disability, aged care and veterans' affairs. The review will explore the merits of streamlining provider audits and worker screening checks, while still maintaining quality*'. Screening and accreditation issues are well known and it seems the pathway undertaken by the NDIS will be lengthy. We urge the Care Workforce Labour study to make practical recommendations that can be implemented quickly.

Equally, the high registration and compliance costs are acknowledged by the National Plan as a barrier to entry to the sector however no solution is offered.

We note that the NDIS National Workforce Plan acknowledges the specific challenges related to thin markets. In the meantime, a flagship reform of the NDIS is the implementation of Independent Assessments (IA) that will be conducted by workers contracted from the existing pool of Allied Health Professionals. There is a strong concern across the sector that the implementation of IAs will aggravate the situation in thin markets. When looking at workforce planning, it is critical to look at all the initiatives that have an impact on workforce.

Aged care workforce

In aged care, there is a need to develop a skilled and valued workforce, improved remuneration, offering fulfilling career pathways. The recent Royal Commission into Aged Care Quality and Safety has highlighted the critical role of physiotherapists in improving quality of care and quality of life outcomes. Promoting and maintaining mobility and reducing the risk of life-threatening falls in older people was noted as critical in the Commission's final report which found that access to physiotherapists, who are highly trained and skilled in strength, balance and mobility training, was often lacking in aged care.

The report recognised that "mobility was closely linked with people's health and their quality of life [and that] poor mobility increased the risk of falls and fall-related injuries due to deconditioning and reduced muscle strength."

It noted that access to physiotherapy care for older Australians in all settings was critical. Physiotherapists have the skill and knowledge to thoroughly assess a person, and where required, to change a person's care plan and work with multidisciplinary teams, allied health assistants, and other carers to train others in supporting the older person.

It also noted the need to enable restorative and reablement care, which physiotherapists specialise in when supported to deliver their full scope of practice.

Veteran care workforce

Physiotherapists are expert at treating the complex co-morbidities among the veterans cohort as trusted healthcare professionals with strong relationships with their clients. They are expert in restorative and reablement care with specialist skills working with areas including stroke and mobility.

However, current funding does not offer the flexibility to enable the high quality of care required and enable physiotherapy's full scope of practice. The inadequacy of current funding – in terms of the fees themselves and the definitions of services able to be provided – are placing practice viability, workforce sustainability and access to high quality physiotherapy care for veterans at risk.

Physiotherapists are choosing to subsidise the cost of care provision to veterans through other programs as they are generally motivated to support this cohort. They continue to work with veterans despite incurring a financial loss due to loyalty to their clients and professionalism. This practice is unsustainable.

In veteran care, there is a need to develop and retain highly skilled physiotherapists with the qualifications and skill to assess condition, develop and review care plans, and adjust therapy prescription as required.

Mental health workforce

There is a need to embed physiotherapy interventions into mental health care making physiotherapists part of the mental health team. Enhanced engagement between mental health services, general practice, and physiotherapy would address and improve physical activity, mobility, exercise, and pain relief for clients, patients and healthcare consumers. A national commitment is needed to expand access to mental health care to facilitate multidisciplinary care.

As experts in aspects of physical health care, physiotherapists can offer expertise in prescribing individualised exercise programs which can improve mood, promote wellbeing and address co-morbidities associated with mental health diagnoses.

At a time when the demand for mental health care is escalating and the mental health force is struggling to meet current needs, effectively utilising the existing allied health workforce, including physiotherapists, would deliver enormous benefits to patients, consumers and healthcare clients.

A properly funded and managed health system would see coordinated multidisciplinary and multi-sector teams that include general practitioners, psychiatrists, paediatricians and mental health nurses working alongside allied health practitioners (physiotherapists, psychologists, social workers, occupational therapists, counsellors, peer workers and drug, alcohol and gambling counsellors).

Support is needed to keep building capacity and capability of the physiotherapy workforce in managing mental health. Likewise, support to advanced scope roles is also required to enhance the participation of physiotherapists in multidisciplinary care teams.

Conclusion

Transformative reform is required to address the serious neglect, policy failure and broader impacts brought about by the marketisation of vital services. This is reliant on a funding model that can facilitate individualised care to address complex needs of each priority cohort ensuring patients get the right care, support, and dignity they deserve. The APA is calling for increased funding to develop the existing physiotherapy workforce including in enabling upskilling and advanced skill acquisition to manage increasing complexity and co-morbidities. A focus on attracting and retaining critical skills and enabling higher-level skills is key to addressing quality and supply concerns to ensure these priority cohorts get the support they deserve. This will require a sustained policy effort with focus on enabling the required workforce transitions to new models of care from within the care and support sector.

Introduction

Value of physiotherapy

Making the best use of existing competencies and utilising the skills of the existing workforce should remain the focus rather than the creation of new roles. Strategies to strengthen the workforce and improve quality of care are closely aligned to skills and skill recognition. In placing a greater emphasis on multidisciplinary care, it is important to focus on the potential for extensions to the scope of existing professional groups. The APA would like to see approaches to strengthen the care and support sector and prioritise the role of physiotherapy in facilitating wider scopes of practice. Strategies to improve equity of access to appropriate physiotherapy services include removal of barriers to recognition of specialist physiotherapists and broader system barriers in addressing referral rights for diagnostic and specialist services.

Skills depth

Physiotherapy is a highly regulated discipline with specialist knowledge, skills and training in understanding how people move and learn to move, and the development of movement, specifically, as these relate to the health, well-being and quality of life of people of all ages. Physiotherapists are trained in the biomechanics of movement, combining knowledge of physics, physiology and anatomy to analyse movement and determine movement difficulties (Young & Muller, 2014). Physiotherapists analyse an individual's quality of movement, identify motor impairment, and investigate the interrelationship between movement and other neurological and physiological factors such as sensory perception and pain.

Disability

Physiotherapists are movement and participation experts in disability who specialise in improving function, participation and building capacity. They are highly trained to manage acute, non-acute, life-long and life-limiting conditions. Physiotherapists build on their client's strengths and address impairments or problems relating to activity and participation within the relevant environment. For a person living with disability, access to appropriate physiotherapy services positively impacts their personal, social and educational success and their potential to fulfil their goals.

Physiotherapists are committed to providing expert, evidence-based, safe and high-quality care to people with disability, and contributing to an effective and equitable disability sector.

Aged care

Physiotherapists working in the aged care sector are expert at addressing complex co-morbidities and maintaining and improving the quality of life of older people. Physiotherapy is effective and provides economic value in areas including:

- maintaining and improving mobility
- pain management
- falls prevention and reduction
- independence in activities of daily living
- behavioural and psychological symptoms of dementia
- improved functioning, and
- optimising comfort.

The profession's broad scope also includes the management of fatigue, shortness of breath, exercise tolerance, oedema, deconditioning, frailty, contractures, sleep and rest, and skin integrity.

A core element of physiotherapy's scope is early assessment of condition, and developing and reviewing care plans to reach individual goals. The achievement of this is frequently multifactorial and can include implementing programs into daily life to maximise function, and specific therapy prescription, including exercise and assistive technology, varying from basic aids to more complex and customised equipment.

Physiotherapy is also key to preventing life-threatening and costly falls in residential aged care. The Sunbeam Research Program (Hewitt *et al.*, 2018) demonstrated a 55 per cent reduction in falls by people who participated in physiotherapy-led exercise program and a projected cost saving of $120 million per year for the Australian health economy.

The *Value of Physiotherapy in Australia* report synthesised key clinical research (including the Sunbeam program) and compared the benefits they deliver with estimates of the cost of delivering the treatments. An economic analysis of the cost of a physiotherapy-led falls prevention program, compared to the cost of not undertaking the program resulting in a fall, was conducted. The average quality of life benefits of physiotherapy-led programs was calculated at $3000 per episode.

The total cost of physiotherapy treatment averaged $1680 per episode. Nous concluded that the benefit of physiotherapy-led falls prevention programs (i.e. quality of life benefit minus the cost) equalled $1320 per falls episode.

Physiotherapists build on an individual's strengths and address impairments relating to activity and participation within the Residential aged care facility (RACF) and other relevant environments. The interventions and support services provided by physiotherapists, along with regular communication with older people and their families, provide an opportunity to deliver consumer driven care that focuses on quality of life care.

Currently, the physiotherapy profession has a gerontology career pathway, which allows physiotherapists to complete additional training in gerontology and advance their career. Physiotherapists are able to complete level one and level two professional development, and thereafter, have the opportunity to pursue either 'titling', 'specialisation' or a 'fellowship' to become a Fellow of the Australian College of Physiotherapists through further practical or academic study. This clear career pathway provides physiotherapists the opportunity to become more specialised in the skills and services they provide, while gaining recognition amongst peers and consumers for the level of training and experience they have. The career pathway gives physiotherapists the chance to invest professionally in gerontology and be remunerated for their specialised skill set.

Paediatric physiotherapy

Paediatric physiotherapy, as a sub specialty of physiotherapy, focuses on the development of children and the relationship of movement to long term quality of life outcomes (Baque, Jones, & Bialocerkowski, 2020). Physiotherapists working with children assess challenges in movement and development of movement in the areas of gross motor skills, fine motor skills, motor planning, movement awareness (vestibular function), movement perception (proprioception), and sensory perception, to determine the relationship between dysfunction and performance of movement activities performed as part of daily life such as sitting, standing, dressing, walking, running, and playing (Baque, Jones, & Bialocerkowski, 2020).

Submission Questions

Workforce observations

Q1. What observations do you have about the job roles in the care and support workforce?

Significant workforce reform is needed to optimise skill mix in the care and support sectors. While our members report both positives and negatives to the roles emerging in the sector, it is clear that increased use of less qualified staff will not be effective. A focus on emerging assistant roles, as part of the interdisciplinary or inter-professional team, is important. However, more focus on specialisations or higher skill levels within the existing Ahpra-registered professions is required to ensure patients have access to high-quality care that is safe, meets individual needs and supports their quality of life.

Key observations

Emerging roles	Allied Health Assistants (AHA) as an emerging workforce. The APA supports the Allied Health Assistant (AHA) role and acknowledges the key role this support workforce plays when supporting the delivery of a high-quality allied health service to maximise client outcomes. We acknowledge the importance of developing the AHA nationally for both the aged care and disability sectors. However, to promote the safe and effective use of the AHA workforce, and in setting role parameters, it is important to note that the AHA workforce can only complement a therapy program. Allied Health Assistants must work under the supervision and delegation of an Allied Health Professional (AHP) to assist with therapeutic and program related activities. The delegation of tasks to an allied health assistant is determined by the physiotherapist and depends on the knowledge, skills and prior training of the AHA, the patient's goals and the level of supervision available to support the AHA. We believe the Australian Government needs to explicitly document the formal partnership between physiotherapists and their therapy assistant to improve consumer, stakeholder and provider understanding. A further key concern for the APA and physiotherapy profession lies in compensable bodies and (differing) allowances within those Schemes for AHAs. A key risk lies in the lack of a compliance and enforcement framework with the AHA sitting outside of Ahpra regulation.
Independent assessors	Emerging or new job roles in the disability space is particularly problematic with the emergence and push by the NDIS for a new Independent Assessor role. The initiative is problematic on many levels. Looking at it from a workforce point of view, the proposal ignores the essential relationship between a patient and their physiotherapist, which is fundamental to contextualise the impact of disability for an individual. It will actually lock out physiotherapists with specialist clinical expertise from making assessments of their patients.

	There are also inherent risks in an approach that sees sole assessor practitioners making assessments on physical functioning without specific disability knowledge or experience. The current requirement for allied health professionals to be qualified and to have a minimum of 12 months' full-time clinical experience is grossly inadequate and cannot possibly ensure assessors hold adequate experience or the depth of clinical expertise required. The APA is also very concerned about the reputational damage to physiotherapists and AHPs in general given the current public discourse on 'empathy bias'. We see a worrying trend in the debate around NDIS Independent Assessors that health professionals are somehow biased and cannot be trusted to make heath assessments of their own patients. There is no such thing as an empathy bias. Physiotherapists are trusted health professionals that act in the best health interest of their patients. Further, the way the initiative is currently designed, independent assessors will be contracted from the existing pool of Allied Health professionals. There is a strong concern across the sector that the implementation of IAs would aggravate the situation in thin markets by accelerating workforce attrition.
Valuing roles	The workforce is undervalued. There is a need to value care work and care and support workers including addressing the wage differential and gender-based undervaluation of care work (Scanlon, 2018; Meagher, 2016). While the direct care workforce is relatively stable, there are significant workforce and remuneration issues which remain highly gendered and financially and socially undervalued. This is particularly evident in the aged care workforce where 87 per cent (RACF) and 89 per cent (home care) are female, with median age of 46 years (RACF) and 52 (home care), both with notable proportion of migrants, and most contracted on a permanent part-time basis, 78 per cent in the RACF, and 75 per cent in home care (NACWCS, 2016). There is a further need for role clarity, in terms of the care worker, to recognise the range of skills required to provide quality care and help address the workforce competency gaps. These issues are further addressed in Q7 below.
Specialisation and hybridisation of roles	The recent reviews, including Royal Commissions, have identified the need for higher standards of care. At a policy level, there is a notable shift towards achieving an optimal skill mix that includes the recognition of specific skills (e.g. the role of physiotherapist versus other allied health). More work is required to ensure funders understand the knowledge differences between distinct disciplines including occupational therapy, physiotherapy, and exercise physiologists.
Skills for person-	Relating to physiotherapy and allied health disciplines, the potential opportunities presented by advanced scope roles and optimal skills mix to

centred approaches to care and support	deliver quality and safe care. An emphasis on role delineations and need to work within roles and responsibilities of the relevant allied health service. In improving care for older people, there has been an increased understanding of special needs of people in aged care specifically around dementia care.
Entry pathways	For the care and support workforce there is a need to address the gap between the current state and the requirements for the future workforce. The development of a career pathway and framework is required to clarify the available entry points and opportunity for movement within and between the various occupational groups by recognition of prior learning and current competence.
Employment conditions	Care staff need to have workloads monitored and more support with cover for staff absence better covered to prevent burnout.
Workforce leadership and management	There is a need for further focus on role clarity and clear identification of clinical and management capability and skill sets.

Q2. Over the past 5 years how have you seen the care and support workforce change?

Policy failure continues to see the major shifts present as ongoing challenges on the care and support workforce impeding on its development.

In disability, these relate to the protracted reforms related to both aged care and the NDIS. In developing the required workforce, progress has been slow as providers remain challenged by the ongoing transition (shifting arrangements) to the NDIS. The complexity of processes is compounded by policy setting that fails to grasp the needs of people with disability. More broadly, the shortage of workers and lack of workforce planning, the need to improve workforce conditions and capability particularly impacting significantly on the 'Care and Support Workers' category.

Q3. How do you expect the workforce to change in the near-term and out to 2050?

The key risk is that the workforce will not keep pace with demand. Aged care programs helped about 1.3 million people over 2019-20 while the NDIS had 400,000 participants as of 30 September 2020 (Speirs & Hicks, 2021). Funding needs to keep pace with demand. There is a need to address the inequities in funding, noting the substantial difference in support between aged care and NDIS programs, for those with similar impairments (Speirs & Hicks, 2021).

Meeting increasing demand in the disability sector is a key concern for our members. The State of the Disability Sector Report 2020 indicates that the NDIS will soon have 500,000 participants estimating that the disability workforce will need to double in size in the next three years to keep pace. For providers, continued participation in the Scheme will be reliant on NDIS price models to reflect true costs of providing care.

Q4. Where do you consider to be the key drivers of change to the care and support workforce into the future?

A number of important trends are shaping the future of healthcare. A transition to value-based care, preventive and population health initiatives is occurring alongside new advancements in technology. For the care and support workforce, the key driver will be implementing the reforms from the major reviews that have been undertaken in disability and aged care. Broader reforms include a focus on mental health in reimagining mental health systems, post COVID-19. Other important drivers include changing consumer preferences, price models that reflect the true costs, and stronger policy attention to workforce and skills requirements.

In building Australia's future aged care workforce, the ability of the economy to sustain growth will remain a key issue. In residential aged care, in improving quality of care, there is need for a focus on skills and required levels of funding. The Royal Commission reported substandard clinical care and failure to facilitate or coordinate care to meet the complex care needs of people living in residential aged care homes. This requires a focus on enabling the required workforce transitions to new models of care. A significantly expanded allied health workforce will be required to meet these complex needs and address care and skill shortages.

In the disability space, the shifting policy framework, bureaucracy and red tape has hindered workforce participation and progress to growing a disability workforce. For physiotherapists, there is a need to lift the barriers to participation, including ensuring NDIS price models to reflect true costs of providing care, as well as timely policy action on the Royal Commission findings (still pending) will help to reform this sector.

Q5. How will the workforce need to adapt?

The workforce is currently constrained by workforce shortages and particularly the inability to attract the right skills to provide this important care particularly at the care and support worker level. The workforce response to address both current need and increasing demand is reliant on improvements to the design and implementation of workforce development interventions for support workers. This is also reliant on a national framework to develop the future workforce with increased focus on incentivised supports for training and upskilling.

For rural workforce development, there is a need to maximise the efficiency and effectiveness of the available health workforce. A targeted recruitment and retention programs to attract a skilled rural workforce would need to include a focus enabling more viable models of care. This includes a commitment to expand rural workforce attraction and retention strategies beyond the medical workforce to encompass allied health and support for other health professionals.

Practice viability issues remain a key determinant in the disability service sector. National Disability Services in their *State of the Disability Sector Report 2020* report that around one third of providers still did not make a profit. They state that while 2019-20 was a year of progress for the disability sector, they also highlight the paucity of workers, problematic processes and not-quite-right pricing as impeding sector growth.

Workforce attraction, retention and development

Q6. To what extent are *mobility* and *skills transferability* between and across job roles important factors in workforce/worker attraction and retention?

The separate policy approaches, and, in particular, the interface between the NDIS and mainstream services, impedes workforce development.

A national policy focus on removing the key barriers – including the regulatory and financial impediments – will be required to improve workforce arrangements. The complexities in the various schemes and the variations between them impede professional mobility and skills transferability. The NDIS and aged care system needs to be equalised and rationalised in terms of training and skill transferability. As with the medical workforce, transferability of physiotherapists, between different ED settings, is difficult because skills, scope and governance are determined at hospital level.

Q7. What strategies and tactics are most effective in attracting and retaining a workforce/worker with the right skills?

The priority needs to be on workforce development of the care and support worker as a first priority. Attracting and retaining workers with the right skills, values and attitudes is key. There is a need for role clarity, in terms of the care worker, to recognise the range of skills required to provide quality care and help address the workforce competency gaps. A focus at this level is key to building a strong sector.

Attracting and retaining workers of all ages by strongly and visibly positioning an attractive career pathway in an increasingly tight and ageing market will be important. Adequate screening at intake to select appropriate people is key. A further focus is required on the substantial reforms needed to improve the conditions for this essential but undervalued workforce through offering more flexible hours and manageable workloads, access to training and support, and by addressing job security and pay.

In addition to the attraction strategies outlined in our response to Q5, there are a number of important studies on improving skills and care standards in the support workforce. A UK study provides important insights to help understand how and why workforce development interventions can improve the skills and care standards of support works in older people's services (Williams, Rycroft-Malone, Burton *et al*, 2016).

Research by Hodgkin *et al*. into the workforce crisis in Residential Aged Care (RAC) provides important insights from rural older workers into the intrinsic rewards (altruism, moral fulfilment) over extrinsic rewards (excessive workload, pay and conditions) with it being a combination of these factors associated with job satisfaction. From their accounts and perceptions, a clear picture emerges to indicate that the recruitment of workers from subsequent cohorts requires a balanced and productive focus on both the intrinsic (vocation) and extrinsic factors (working conditions and remuneration) associated with job satisfaction in residential aged care.

Q8. What barriers exist to entry and establishing career pathways for the care and support workforce/workers?

The development of a career pathway and framework is required to clarify the available entry points and opportunity for movement within and between the various occupational groups by recognition of prior learning and current competence. Broader considerations

include an emphasis on behavioral or 'soft' skills and the more physical barriers such as physical strength in assessing capacity to support different individuals. Training can also be provided to strengthen the required technical or 'hard' skills which would extend to an understanding of regulations, confidence in skills, IT skills and English language proficiency.

Q9. What role do formal and informal training have in contributing to the supply and ongoing development of the care and support workforce?

Formal career pathway development is key to growing the care and support workforce. Multiple training pathways will be important. The development of workforce policy and employment structures that include incentivised supports, similar to those prioritised for medical training, will be vital to sector growth. A range of training, supervision and support structures will be required with focus on supported learning from entry-level and early career phase to proficient competency levels with paid opportunities for work experience with supervised assessment. A further focus on lifelong learning encompassing diverse and flexibility pathways for skills formation offering upskilling opportunities will be needed.

Q10. Is there anything specific, which has not been previously identified that is a blocker to attraction, retention and/or ongoing workforce development?

Perception and community recognition of the importance of carer work needs to be improved. More broadly, it is the lack of recognition, limited career paths and lack of remuneration that remain major contributors to workforce attrition. The hourly rate of physiotherapists to work to their full scope and run a sustainable business practice is not commensurate to providing optimal care to the most vulnerable Australians requiring NDIS support. The lack of a skilled workforce can also be a barrier to the implementation of pilot programs to trial innovative models of care.

System settings

Q11. In addition to previously identified system complexities (for example, funding, pricing, regulation), are there any other system issues (big or small) that are impacting the care and support workforce and the capacity to deliver quality care and support?

Value-based health care

The care and support system favours the business model where financial decisions are made over health/care needs. The financial incentives to provide good quality care are not regulated or sufficient to enable staff to feel that their input and work is valued when they provide high standards of care.

Cost barriers

In the disability sector, there is anecdotal evidence that high registration fee in the NDIS and associated costs are a deterrent for physiotherapists to become NDIS registered providers. For example, some members have cited the amount of additional administrative time and follow up work (and expense) for equipment, care plans, missed appointments due to sickness and illness, and even the number of times a client is not picked up and transported for appointments as disincentives to continue as providers.

These factors represent revenue lost that physiotherapists cannot be recompensed for, representing significant loss of income for the practitioner and business. The high registration fees come in addition to specific investments that physiotherapists make to be able

to provide services to people with disability. Indeed, extra equipment and safety requirements are often needed, such as hoists, slings, specific gym equipment, and, at times, additional staff to provide 'an extra set of hands' to treat this cohort. The consequence is often higher delivery costs for NDIS services.

Many NDIS services require more specialised training, different working space, more intense and longer sessions, and better and more expensive equipment. Some equipment (for example hoists, slings, movable mirrors, belts, larger plinths, parallel bars, wheelchairs, slide boards, kids play equipment, mats for falls risk, support staff, larger rooms, quiet spaces, and different gym equipment) is not used by physiotherapists for other patients.

When providers decide to not register as an NDIS provider, it means that they can't provide services to NDIS participants which plans are managed by the agency (NDIA). For those participants, it removes choice of providers available to them. We acknowledge that the NDIS registration indicates to participants that the providers have to follow requirements that have to do with safety, quality and compliance, which are set by the NDIS Quality and Safeguards Commission. However, physiotherapists being Ahpra regulated already work in a highly regulated environment that guarantees safety and quality.

Accreditation processes

Accreditation processes are a burden on AHP and their employers. Anecdotal evidence shows that long processing time for Workers Screening Checks significantly delay the ability of physiotherapists to deliver services to people in need, jobs are also put at risk if a worker fails to obtain a check in a timely manner.

The APA is currently undertaking further research to map out the different checks and accreditations that physiotherapists are required to obtain to work with people with disability in different settings, across different schemes, and across different states. There is a need for national consistency and alignment across all schemes and settings particularly within the NDIS, DVA, and in aged care. This is particularly important for the Ahpra-registered health professions to help streamline processes.

Fee structures

There is also inconsistency in fee structures across the different insurance and compensable schemes (including NDIS, DVA, aged care, work compensation schemes, etc.). The schemes use different items and different descriptors, and there are variations in inclusions within items. For example, some items cover administration tasks, transport, are prescriptive in terms of time, are based on our hourly rate vs blanket fee, etc. These inconsistencies create an administrative burden and an overcomplicated pricing environment for providers to operate in. Additionally, the inadequacy of some fees can act as a deterrent for providers to accept patients covered by the schemes.

Thin markets

Q12. What strategies, initiatives and organisational structures are effective in improving the availability and sustainability of the care and support workforce in thin markets?

Staff and skill mix

Inadequate staffing levels, skill mix and training are the key causes of substandard care in the current system. A data project to collecting specific data practitioners and care

workers around their skill mix and areas in which they currently work would help map critical skills. In addition, regular surveys are needed to investigate the barriers to working in aged care, disability, veterans and mental health care.

A study that looked at the effects of staff and skill mix in aged care found that an optimal staff and skill mix, which is fitted to the needs of the clients, may offer part of the solution for the challenges in meeting needs. In addition, a more diverse staff and skill mix, in combination with positive contextual conditions, can result in improved quality of care, quality of life, and job satisfaction (Koopmans, Damen, Wagner, 2018).

Flexibility in staffing may also help improve supply. For example, students in holiday periods could be incentivised to work. Many roles in aged care are provided by volunteers who may be able to transition to paid roles. For example, lifestyle and support roles could cross over more with care if these were paid. Carers may enjoy their work if they have a mix of “heavy” work with more uplifting social support work.

Tools for skills planning

The Victorian Government, in developing their disability workforce plan, identified a number of important requirements to skill planning. A self-assessment tool was prioritised to assist the disability workforce to identify new skills and appropriate development opportunities as well as the development of a workforce readiness portal with relevant tools and learning resources. A multi-stream training approach for new skills and capabilities aligned with service need was also prioritised.

Technology

Q13. What role do you see for technology in enabling the care and support workforce?

Use of enabling technologies

Enabling technology platforms and eHealth solutions will enable the care and support workforce to better engage with patients, optimise team work and support clinical and operational effectiveness.

Training and skills acquisition	Ongoing modules for staff to participate in online updates and training with incentives to complete these.
Optimising the delivery of care and support	iPad-like devices that can sit with recipients that have care needs available for staff to access. Sensors and communications technology to enable recipients to access care when they need it.
Enhancing care and support activities	Equal access to rehabilitation equipment and technology for aged care recipients to the level of the general community.
Monitoring and enhancing quality	Easy data collection methods that encourage reporting of outcomes and incidents.

Potential change in ways people access services	Utilisation of more community provided services through platforms that compare services and locators of services.
Provider resource management	Skills tracking including online self-assessment and work readiness tools (at Q.12).
Technology adoption factors.	Telehealth, health tracking.

Monitoring framework

Q14. There are many challenges in ensuring a ready workforce to deliver the essential services Australians require. There is an ongoing need to monitor and assess pressures in the care and support workforce. What should be included in a workforce monitoring framework?

A national Care Workforce Performance Framework needs to promote transparency and shared accountability for performance improvement across the care and support system to inform strategies to address future workforce supply. The monitoring framework should assess the level of performance risk posed to each health service in relation to its delivery of safe, high quality care. Key elements of the framework would include transparent reporting of staff to recipient ratios and include broader measures for providers to monitor and support their staff. A key barrier is a lack of agreed data standards and collection mechanisms for monitoring providers across the care and support sector. Broader quality and safety measures could be developed over time which would extend to care facilities and exploring ways to capture or monitor minimum level of staffing and/or skill mix against need.

Data gaps

Q15. What workforce data gaps have you observed and how could these be addressed?

Allied Health Data

The lack of allied health national data presents a significant evidence-to-policy gap to advancing our shared policy aims. This remains a key barrier to workforce planning in establishing workforce supply, distribution and estimation of future workforce needs.

The APA is focused on building strong and effective partnerships to strengthen healthcare delivery in the care and support sector through the successful integration of physiotherapy and allied health services. Planning for successful integration is not only reliant on policy requirements as stated above in enabling higher-level skills but requires needs assessment and workforce data to truly understand demand and supply issues. This includes a need to prioritise the development of metrics of community need/demand for physiotherapy services.

The Commonwealth's Allied Health Data Project represents a key step to closing the policy gap through establishing critical data that can build on the Australian Government Department of Health's National Health Workforce Dataset (NHWDS).

Other information

Q16. Is there any other information about the care and support workforce that you would like to provide?

Culturally appropriate care

A key requirement is to ensure a skilled and culturally competent workforce that is responsive to local needs. Workforce development must extend to ensuring capacity to meet the needs of existing and emerging diverse groups.

In meeting the health needs of Aboriginal and Torres Strait Islander peoples, the care and support workforce needs to be culturally safe and responsive to the needs of the community. Increasing the number of Aboriginal and Torres Strait Islander health workers is key to achieving this. For this to occur initiatives need to be put in place to make careers in health both attractive and accessible.

In addition to increasing the Aboriginal and Torres Strait Islander workforce there is also a need to ensure the whole of the care and support workforce practice in a culturally safe manner. *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* outlines the steps being taken to ensure Ahpra-registered professionals are culturally safe. There are, however, professions within the care and support workforce which aren't regulated by Ahpra and it is important they too are supported and required to become culturally safe.

The patient's voice

Aged care residents are becoming increasingly involved in their own care. However, they may not have a voice or avenue to report their concerns around the quality of care and carers. Ability to communicate with carers around their personal needs is vital and staff need to have sufficient relevant communication skills including understanding of cognitive impairment and mental health issues.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

About the Australian Physiotherapy Association

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. 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 29,000 members who conduct more than 23 million consultations each year. 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.

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