



Australian Physiotherapy Association

2023 Workforce Census

Prepared by Survey Matters

November 2023





**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.



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Executive Summary

The 2023 Physiotherapy Workforce Census provides information on the workforce characteristics and career intentions of physiotherapists across Australia.

The physiotherapy workforce in Australia is a critical component of the healthcare sector, offering a range of services to help patients recover from injuries, manage chronic conditions, and improve physical function and quality of life.

Physiotherapy is an educated, female dominated workforce.

While it is a predominantly female workforce (68%), it is highly diverse in terms of age. The average age of respondents is 38 years. Physiotherapy professionals work proportionally across different states, territories and regions of Australia. However, while physiotherapists are willing to work in rural and remote areas in their earlier careers, this willingness declines with experience, with only 29% of the current workforce in rural or remote areas of Australia being highly developed or experts in their field.

Physiotherapists in Australia are required to complete a university degree in physiotherapy as a minimum. At present, 52% hold a bachelor degree, with a further 11% holding a graduate certificate or diploma. Many practitioners also pursue postgraduate qualifications for specialisation, with 31% holding a Master's degree, and 7% either a Doctorate or PhD.

The profession is also regulated by the Physiotherapy Board of Australia, and practitioners must be registered with the Australian Health Practitioner Regulation Agency (Ahpra) to practice. This ensures that all practicing physiotherapists meet the required standards of competence and ethics.

Most physiotherapists work clinically, in a private practice and across a range of clinical areas.

Most physiotherapists (91%) work clinically at least some of the time, and a further 16% are managers. Despite being a female dominated workforce, males (20%) are more likely to hold management level positions than are their female counterparts (14%).

Around three in five physiotherapists work in private practice (60%), with one in five working in either a public (16%) or private (4%) hospital, and 8% working in aged care.

Physiotherapists work in various settings across a range of clinical areas, with this diversity allowing them to cater to a wide range of patient needs. Factors such as an aging population, increasing chronic disease prevalence and a growing focus on preventative healthcare has seen an increase in employment opportunities for physiotherapists across Australia. At present, the most common clinical areas are musculoskeletal (37%), gerontology (8%), neurological (6%), and paediatric (6%). One in ten work as a generalist. Rural (27%) and remote (31%) physiotherapists are significantly more likely to work in a generalist role, so they are better able to meet a wide range of client needs.

Physiotherapists earn \$95,405 on average per annum.

Results from this census show that 59% of physiotherapists work on a full-time basis. This is a little under the 63% reported by the Australian Government 2021 Publication [Physiotherapists | Labour Market Insights](#)¹ report. Of these, 64% are paid a fixed salary, with 49% in total indicating that this is their preferred salary arrangement. In 2023, the average salary for a physiotherapist in Australia was \$95,405, with most salaries falling between \$68,660 and \$122,150.

¹<https://labourmarketinsights.gov.au/occupation-profile/physiotherapists?occupationCode=2525#earnings>

As expected, average annual salaries increase with experience, with practitioners at the foundation level of their career earning an average of \$76,531 per annum. This increases to \$92,354 for intermediate level physiotherapists, \$106,111 for those who are highly developed in their career and \$137,678 for expert level practitioners.

While male and female physiotherapists have similar salaries in the early stages of their careers, a distinct gender pay gap is observed at higher experience levels, with males earning 15% more than their female counterparts at the highest career stage.

Casually employed physiotherapists earn an average of \$58 per hour with females (\$59) having a slightly higher hourly rate than males (\$56) overall. In addition to their salaries, one in ten physiotherapists (12%) also earned a bonus in the last 12 months, with the average bonus sitting at \$6,645.

Job satisfaction is relatively high, despite less than half believing they are fairly remunerated for the job they do.

Overall, only two in five physiotherapists (42%) believe that they are fairly remunerated for the work that they do. This proportion does increase as career stage (and average salaries) increase. Despite this, around three in four (72%) practitioners report high job satisfaction. This increases to 89% of those who believe they are remunerated fairly but drops to 58% for those who do not feel that they adequately compensated. Similarly, 76% of students and graduates are satisfied with their decision to pursue a career in physiotherapy.

The ability to make a positive impact, and appreciation for their work are key drivers of satisfaction, along with financial security, work-life balance and appropriate working hours. Mentoring, career development and learning opportunities are also key drivers for less experienced physiotherapists, with more experienced practitioners instead citing autonomy and

recognition as important aspects for their job satisfaction.

However, dissatisfaction with a physiotherapy career arise from factors such non commensurate remuneration and unmet expectations. In particular, 63% of students and graduates felt that the reality of physiotherapy work was not what they expected, and 49% felt unprepared for the heavy workload. A further 39% felt that there was insufficient mentoring opportunities.

Most physiotherapists intend to stay in the profession for over five years—with 19% intending to leave.

A majority of physiotherapists (75%) intend to stay in the profession for over five years, largely driven by satisfaction with their job overall. Among the 19% who intend to leave the profession in the next five years, inadequate remuneration (45%), burnout (32%) and a lack of career progression (24%) are key reasons driving this decision. A third (31%) of those planning to leave in the next five years are considering retirement, or a transition into retirement. Those who plan to leave the profession are largely looking to work in a non-clinical role within the health profession, such as management, consultancy and education. These physiotherapists indicated that they are looking for something that is fulfilling, but less physically demanding (and potentially offering higher remuneration) than their work as a clinical physiotherapist.

Distance from family and friends is the main barrier to working rurally for metropolitan based physiotherapists.

Looking at workforce development, around one in three physiotherapists (35%) indicated that they are willing to work rurally. Those in the foundation stage of their career are most willing (45%), with this interest decreasing as experience grows.

Distance from family and friends (62%), leaving social networks (33%) and the financial commitment to move (29%) are the main barriers preventing physiotherapists from working rurally. Financial support (49%) and higher remuneration (58%) are the main types of support desired to assist with a move to a rural or remote location.

Placement experiences are largely positive, but there is a preference for more diversity in opportunities in the future.

When asked about study and training, over seven in ten physiotherapy students and graduates agreed that their placement opportunities were positive (71%) and provided them with quality clinical and learning experiences (74%). However, 62% felt they would have liked more exposure to different clinical settings, and 86% felt that blended placements would have been better for helping them to develop the broad skills they need to be successful in the profession. Overall, 55% of those who undertook their qualifications in Australia felt that their training prepared them to enter the workforce, compared with 86% of those qualified overseas. This highlights the importance of ensuring a broad variety of placement opportunities.

Three in ten (31%) intend to pursue the Physiotherapy Career Pathway, with 32% indicating that they will be unlikely to do so. A lack of financial incentives (44%), no opportunity for a higher salary (46%) and time constraints (40%) are the biggest barriers noted for undertaking further physiotherapy study.

Around three in ten physiotherapy businesses are impacted by workforce supply and retention issues, particularly of more experienced practitioners.

In addition to individual challenges facing

practitioners, many physiotherapy business also face a range of different challenges, with a number of external factors impacting directly on their business' viability. Three in ten (31%) are impacted by workforce supply issues, with a smaller 19% concerned about retaining their staff. Most commonly, these business are finding it hard to attract and retain experienced practitioners (both 64%), although 31% and 44% respectively are also finding it hard to attract and/or retain new graduates.

Competition from emerging disciplines is an issue for 28% of physiotherapy practices, with 78% of these concerned about competition from exercise physiologists. Less than one in four indicated that their business' viability is impacted by multiple funding streams and regulatory burden (22%) or health system reforms (17%). Inadequate funding from payment schemes (64%), red tape and administrative burden (55%) and changes to private health insurance (55%) where the most commonly cited areas of these aspects likely to impact on the viability of their business.

Conclusion

The demographics, workforce characteristics and remuneration experiences of physiotherapists, as well as their overall satisfaction, their propensity to remain in the profession and their preparedness to work rurally are important factors for the Australian Physiotherapy Association to understand.

The findings from this report can help to inform policy and decision-making to support the growth and development of the physiotherapy profession in Australia.





Methodology

The Physiotherapy Workforce Census was conducted using an online survey of membership of the Australian Physiotherapy Association (APA). The census was open for approximately three weeks, from 9 October to 27 October 2023.

<p>Background</p>	<p>The Australian Physiotherapy Association APA is the peak body for physiotherapists in Australia. The APA works to support physiotherapists at all stages of their career, providing professional development to enable them to remain registered with the Physiotherapy Board of Australia, as well as offering other tools and resources to assist physiotherapists provide the best outcomes for their patients.</p> <p>In 2023, the APA commissioned independent research agency, and association experts, Survey Matters to undertake a census of the physiotherapy workforce in Australia, to help inform policy and advocacy efforts.</p>
<p>Objectives</p>	<p><u>The key objectives of the research were to:</u></p> <ul style="list-style-type: none"> • Understand the workforce composition; • Measure physiotherapy employment conditions and remuneration; • Determine future intentions to stay within the profession or to leave; • Understand potential reasons for leaving; • Identify business priorities and challenges; and • Understand physiotherapy students and their issues and challenges.
<p>Survey Instrument</p>	<p>The survey was conducted using a quantitative, online instrument. A total of 45 questions were included, and respondents took an average of 10 minutes to complete the survey.</p> <p>As well as 42 quantitative questions, there were also several opportunities for respondents to provide free text or qualitative comments, to expand or explain their answers or to offer their ideas and suggestions. Their inclusion adds depth and richness to the quantitative findings.</p> <p><u>The Census contained the following key areas:</u></p> <ul style="list-style-type: none"> • Demographic variables, such as career stage and intentions, practice location and setting, and qualifications and role; • Employment profile, including employment status and income; • Job Satisfaction of both practicing physiotherapists and students; and • Practice variability and challenges for physiotherapy businesses
<p>Data Collection and Sample</p>	<p>The survey was distributed on 9 October 2023 and the survey remained open until 27 October 2023.</p> <p>28,043 APA members were invited to participate in the Census. A total of 3,525 respondents completed the survey resulting in a 13% response rate. This provides a 95% confidence that the actual results are within a +/- 1.58% confidence interval to those presented in this report.</p> <p>Respondents included a mix of members who were employed (including self-employed), retired, not currently working, or student members.</p>



<p>Analysis & Data Weighting</p>	<p>Survey data was analysed in Q Research Software and Microsoft Excel for in-depth analysis.</p> <p>Responses to the survey were compared against those from the Australian Government 2021 Publication <u>Physiotherapists Labour Market Insights</u>¹.</p> <p>Results showed that while the Census data collected was representative of all physiotherapists with respect to gender and working location, there was a skew towards older workers. As such, the Census data has been weighted to match the age distribution in the <u>Physiotherapists Labour Market Insights</u>¹ report.</p>
<p>Report</p>	<p>In order to better understand the preferences and satisfaction of physiotherapists, responses have been segmented and analysed based on gender, age, employment type, specialisation and experience.</p> <p>While segmented results are provided throughout this report, please note that due to the overall sample size some of the results for subgroups may contain small samples. As such they do not aim to be a representative sample of the different segments but rather to provide directional feedback on the thoughts and opinions of these members. Small sample sizes are noted throughout the report.</p> <p>Results are provided at an aggregate level only, and no individual responses are identified. This ensures the confidentiality of respondent opinions and encourages honest and objective feedback.</p>
<p>Salary Data</p>	<p>Please note that salary data provided:</p> <ul style="list-style-type: none"> • Salaries are in 000's • All salaries have been rounded to the nearest thousand • Salaries include commission, where applicable • Salaries excludes superannuation, bonuses and other benefits • Only reflect employed (and not self-employed) positions • Are based on an FTE salary. Where provided, part-time rates and contract amounts have been calculated out to their FTE equivalent <p>Three figures have been presented, the average, typical range and median.</p> <ul style="list-style-type: none"> • The average has been calculated for all salaries provided for each segment • The median is the midpoint for all salaries when sorted from smallest to largest • The average range represent a typical salary range for each segment <p>While all data has been used in the analysis, the salary range has been used to remove outlying data points that could potentially skew the results, and to provide a more accurate representation of the range within which salaries for each segment typically fall.</p> <ul style="list-style-type: none"> • Salary ranges have been calculated by deducting the standard deviation from the mean for each segment to provide a LOW figure and adding the standard deviation to the mean for each segment to provide a HIGH figure • The standard deviation shows how much variation exists from the average. A low standard deviation indicates that salary ranges are grouped close the average. A high standard deviation indicates that the salaries are spread across a wider range of values • The overall average range for all salaries may be different to individual segments, as it accounts for all salaries provided across all segments



Key Findings: Workforce Profile

01

Physiotherapists in Australia are predominately female, with an average age of 38

- Around two in three physiotherapists (68%) in Australia identify as female, with 31% as male
- The average age is 38 years, although 50% are aged under 35 years, 38% between 35 and 54 years and 12% over 55 years of age

02

Physiotherapists work across all Australian regions

- Over half are based in NSW (26%) or VIC (27%). In addition, 69% work in metropolitan areas of the country, 16% in regional cities, 14% in rural towns, and 1% in remote communities

03

Just over half of all practicing physiotherapists hold a base level qualification, with over half being in the early-mid stage of their career

- In total, 51% of physiotherapists only hold a bachelor's degree, with 10% holding a graduate certificate or diploma. Around two in five (38%) hold a Master's degree or higher
- Nearly two thirds (63%) are in the foundation or intermediate stages of their career, with 37% being highly developed / experienced or experts in their field

04

Around three in five physiotherapists are employed on a full-time basis

- Overall, 60% of physiotherapists are employed, a further 3% work as either a locum or contractor and 9% are both employed and self-employed
- Of these practitioners, 59% are employed on a full-time basis, 35% work part-time and 6% have a casual working arrangement in place

05

Three in five physiotherapists work in a private practice

- Three in five physiotherapists (60%) work in a private practice, while one in five work in either a public (16%) or private (4%) hospital. Less than one in ten work in other settings

06

Males are more likely to hold managerial positions, despite being a female dominated workforce

- Despite being a female dominated workforce, male practitioners (20%) are more likely to hold management level roles than are their female counterparts (14%)



Key Findings: Remuneration

07

Most physiotherapists earn a fixed salary, with those in private practice more likely than others to earn commission

- Overall, 64% of physiotherapists earn a fixed salary. One in seven have a contract agreement, and 19% earn a base plus commission. This increases to 38% of those in private practice. Among these physiotherapists, around 30% of their salaries on average are attributed to this commission
- When asked about their preferred salary options, 49% indicated that they prefer to earn a fixed salary (rising to 75% of those currently on a fixed salary) and 27% prefer to earn commission (rising to 68% currently earning a commission). One in four are unsure or would prefer an alternative arrangement

08

Physiotherapists earn an average of \$95,405 per annum

- The average annual salary for physiotherapists in Australia is \$95,405, with most salaries falling between \$68,660 and \$122,150
- Average salaries tend to increase with experience, with foundation level practitioners earning an average of \$76,531 and intermediate level practitioners earning \$92,354, increasing to \$106,111 for highly developed physiotherapists and \$137,678 for those who are experts in their field

09

There is a gender pay gap, particularly for more experienced practitioners

- While male and female physiotherapists tend to have relatively similar starting wages (\$77,503 and \$76,383 respectively at the foundation level), the gender pay gap increases with experience. At the expert level, males (\$154,391) earn 15% more on average than their female counterparts (\$131,459)

10

Physiotherapists who work on a casual basis earn an average of \$58 per hour

- Average hourly rates tend to be higher for those working in regional (\$66) and rural or remote (\$61) areas than those based in metropolitan workplaces (\$57)

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Only two in five physiotherapists agree they are fairly remunerated for their work

- Only 42% of physiotherapists agree that they are fairly remunerated, with a similar proportion (39%) disagreeing
- Free text comments reiterated this sentiment, with many practitioners citing insufficient or non-commensurate pay as a key factor in decisions about their career and/or study intentions



Key Findings:

Job Satisfaction

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Three in four physiotherapists have high job satisfaction

- Around three quarters of physiotherapists (72%) report high job satisfaction, with satisfaction increasing with experience
- In addition, 76% of students and graduates are satisfied with their decision to pursue a physiotherapy career

13

Making a positive impact, work-life balance and financial security are key drivers of job satisfaction

- Almost all responding physiotherapists indicated that the ability to make a positive impact (98%), having a flexible work-life balance (97%), and financial security (96%) were critically important drivers of their job satisfaction
- Access to mentoring and support, learning and development, and career opportunities are also important to those early in their careers. By contrast, those with a more established career place greater importance on high autonomy and recognition

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Poor remuneration and unmet expectations are the biggest causes of dissatisfaction

- Over half of all students and graduates indicated that they are dissatisfied with their career choice because the remuneration is not commensurate with their expertise and skills (78%) or because the reality of physiotherapy work is not what they expected (63%). A further 49% felt unprepared for the heavy workload.

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One in five physiotherapists plan to leave the profession in the next 5 years, with perceptions of inadequate remuneration the key driver of intentions to leave.

- One-fifth of those currently working in physiotherapy (19%) plan to exit the profession in the next five years
- Inadequate remuneration (45%), mental burnout (32%) and a lack of career progression (24%) are key reasons for this decision, although 31% are also considering retirement

16

Those who plan to leave are looking for work that is less physically demanding, and offers higher remuneration

- While some are wanting to 'ease into retirement' others are looking for non-clinical careers within the health profession, where they can find ways to help improve individual and public health, and "do something fulfilling" that is less physically demanding than their current roles



Key Findings:

Building Capacity

17

While placements are positive experiences, more variety and balance would help to better prepare students for a physiotherapy career

- Over seven in ten students and graduates agreed that their placements were positive experiences (71%) that provided quality clinical and learning opportunities (74%)
- Over four in five (86%) believe they need more blended placements, and 62% want exposure to different settings
- A higher proportion of overseas qualified physiotherapists (86%) believing their training prepared them to enter the workforce than those qualified in Australia (55%)

18

One in three physiotherapists intend to pursue the Physiotherapy Career Pathway

- In total, 31% of physiotherapists intend to pursue the Physiotherapy Career Pathway, with half of those in the foundation stage of their career intending to do so
- A similar 32% do not intend to pursue this pathway, citing a lack of financial incentives (44%), financial barriers (37%) and no higher salary (46%) as key barriers. Forty percent are also concerned about time commitments

19

A third of respondents would be willing to work rurally, particularly those in the foundation stage of their career – but would like financial assistance to relocate.

- Seven in ten physiotherapists currently working in rural or remote areas are either foundation or intermediate level practitioners
- Distance from family and friends (62%) and leaving social networks (33%) are the biggest barriers to working rurally, with such a move harder for physiotherapists in later life stages with other family commitments and needs to consider as well
- Three in five respondents (58%) say higher remuneration, and 49% financial support, would help them decide to relocate to a rural or remote area. This is particularly important for those early in their career, who cited financial commitments (36%) as a major barrier to working rurally.

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Workforce supply and competition are the biggest challenges facing physiotherapy practices

- Three in ten practice owners are impacted by workforce supply issues, with 19% also concerned about retention – particularly of experienced clinicians
- Competition from exercise physiologists and other disciplines is an issue for 28% of practice owners, while around one in five cited multiple funding streams issues (22%) and health system reforms (17%) as key challenges for their practices



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

Demographics

Demographics

Physiotherapists are largely female, with an average age of 38 years, working in metropolitan areas of Australia.

Location

Physiotherapists work across Australia, with over half working in either Victoria or New South Wales.

Overall, 26% work in New South Wales, 27% in Victoria 20% in Queensland, 11% in Western Australia, 10% in South Australia and 6% work in either the Australian Capital Territory, Northern Territory or Tasmania.

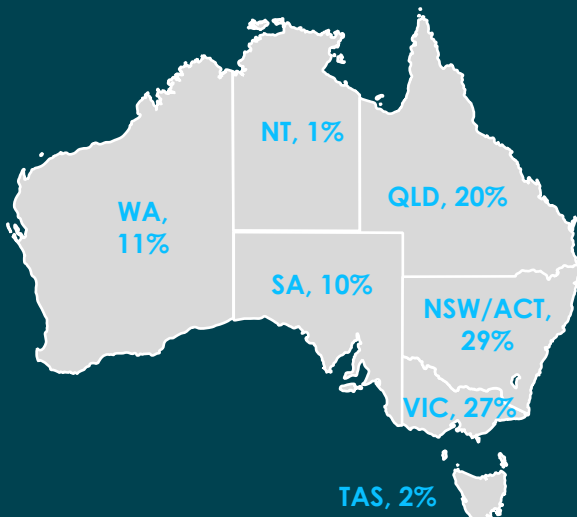
A majority of physiotherapists work in major cities. By region, seven in ten members (69%) are based in a metropolitan area. Around one in seven work in a regional centres (16%) or rural towns (14%). Among those in rural towns, 6% work in a large rural town (MM3), 4% in a medium rural town (MM4) and 4% in a small rural town (MM5). Only 1% working in remote communities.

Of note, while many physiotherapists are willing to work in rural and remote areas in their formation years, this seems to decline with experience. At present, 71% of physiotherapists working in rural or remote areas are either foundation or intermediate practitioners. By comparison, only 27% are highly developed and 2% classify themselves as experts.

Table 1: Rurality

	%
Metropolitan (MM1)	69%
Regional centre (MM2)	16%
Large rural town (MM3)	6%
Medium rural town (MM4)	4%
Small rural town (MM5)	4%
Remote community (MM6)	1%
Very remote community (MM7)	1%

Location



69%

Metropolitan



16%

Regional Town



15%

Rural or Remote Area

Q. Please state your principal practice location (as determined by the Modified Monash Model classification). n=3134 | Q. What state / territory are you currently working in? n=3133

Gender, Age and Experience

A little over two in three members are female (68%), with a further 31% male. Less than 1% of responding members are either non-binary or gender diverse.

One percent (1%) of members identify as Aboriginal and/or Torres Strait Islander.

By age, half of responding members are aged under 35 years, 38% are aged between 35 and 54 years, and 12% are aged 55 years or more.

Reflecting the average age of members, a little under half are intermediate practitioners (49%), with one in three (32%) indicating that they are a highly developed or experienced practitioner. One in seven members (14%) are still in the foundation stage of their careers, with only 4% indicating that they are expert or Fellow practitioners.

In addition to career stage, members were also asked to specify the year they graduated from their physiotherapy degree. This loosely aligns with age and career stage, Around two in five members indicated that they graduated less than five years ago (23%), or between six and ten years ago (22%). A further 26% graduated between 11 and 20 years ago. Three in ten members have many years experience in the profession, having graduated over 20 years ago.

Table 2: Career Experience

	%
Career Stage	
Foundation practitioner	14%
Intermediate practitioner	49%
Highly developed/experienced practitioner	32%
Expert and/or Fellow practitioner	4%
Year since Graduation	
0-5 years ago	23%
6-10 years ago	22%
11-20 years ago	26%
21-30 years	16%
More than 30 years ago	14%

Fig. 1: Gender

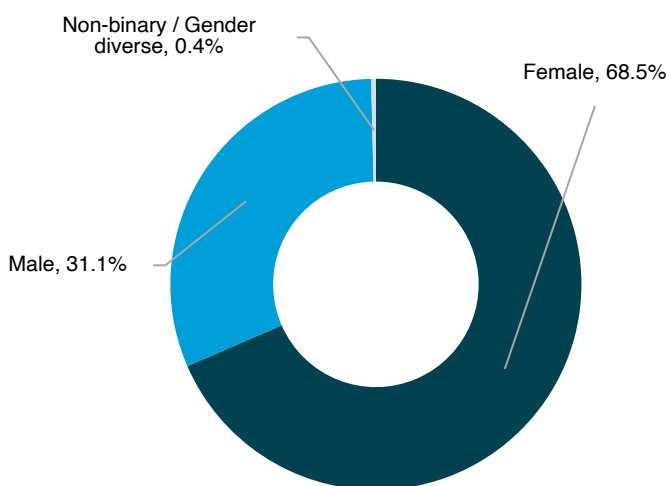
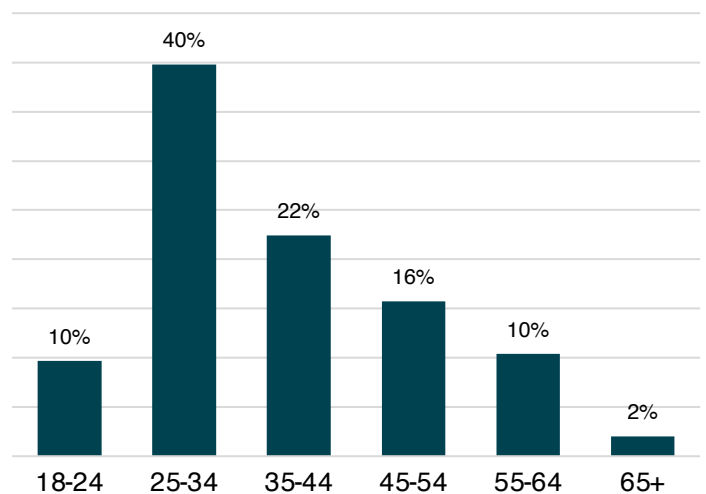


Fig. 2: Age



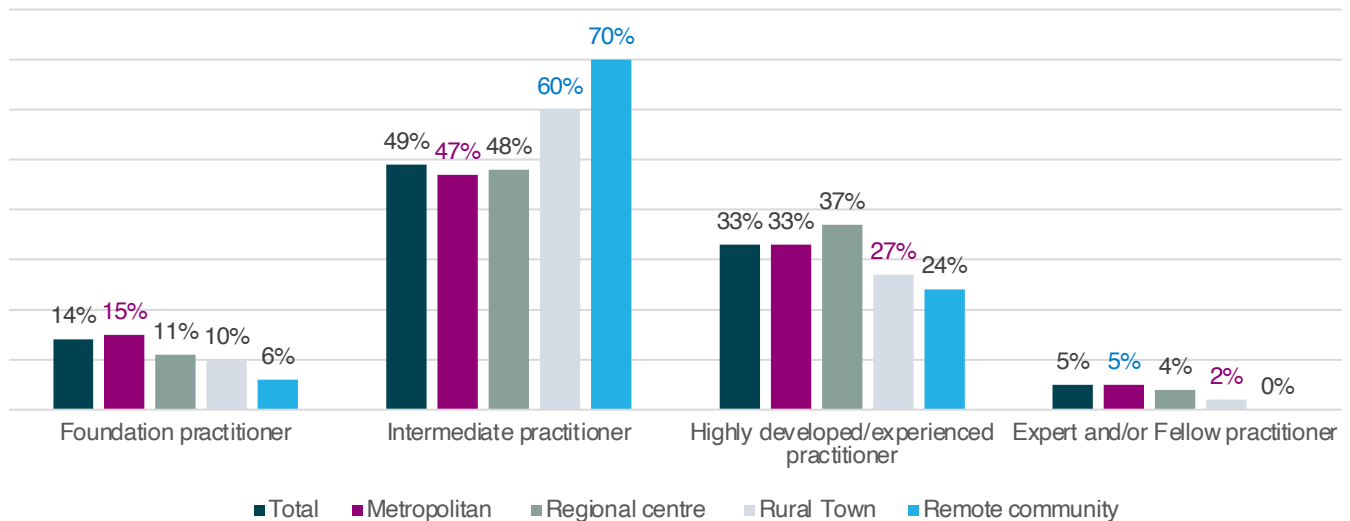
While most sectors and locations appear to attract physiotherapists of various experience levels, rural and remote areas and the aged care sector are predominantly staffed with less experienced physiotherapists.

Notably, 82% of physiotherapists working in aged care are foundation or intermediate level practitioners, compared with 18% who are highly developed or experts. Similarly, 71% of physiotherapists working in rural or remote areas are foundation or intermediate level practitioners, compared with 29% who are highly

developed or experts.

By contrast, 19% of physiotherapists working in education are foundation or intermediate level practitioners, compared with 81% who are highly developed or experts.

Fig. 3: Career Stage, by Region



Result is significantly higher / lower than average

Table 3: Career Stage, by Practice Area

	Private Practice	Public hospital	Aged care facility	Private hospital	Tertiary education	Not for profit	Community / Aboriginal clinic
Sample	1790	472	211	129	123	105	96
Foundation practitioner	14%	14%	20%	20%	2%	16%	9%
Intermediate practitioner	48%	49%	62%	50%	18%	51%	66%
Highly developed/experienced practitioner	34%	31%	17%	30%	50%	31%	22%
Expert and/or Fellow practitioner	4%	6%	1%	0%	31%	2%	3%

Result is significantly higher / lower than average

Most physiotherapists hold either a Bachelor or Master's level degree, with over three-quarters having gained their qualifications in Australia.

Fig. 4: Qualification

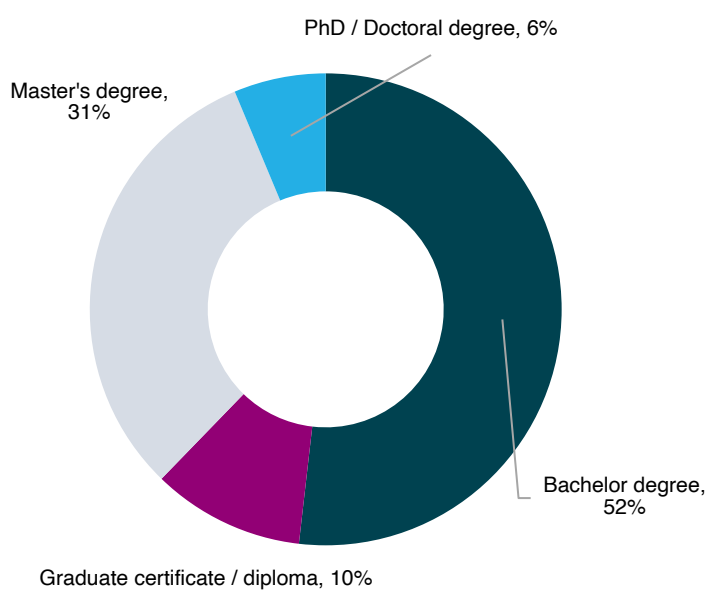


Table 4: Education Location

	%
Australia	77%
India	6%
Philippines	4%
United Kingdom	3%
New Zealand	2%
South Africa	1%
Brazil	1%
Pakistan	1%
Other Americas	1%
Other Asia and Oceania	1%
Other Europe	1%
Other Africa	1%
Total	100%

Qualifications

Over half of members indicated that their highest physiotherapy qualification is a Bachelor degree (52%). A further 31% hold a Master's degree. One in ten hold a Graduate certificate or diploma, and 6% have a PhD or Doctoral degree.

Over three in four physiotherapists indicated that they gained their entry level qualifications in Australia (77%), with the remaining 23% having gained their entry level qualifications overseas. Most commonly, this was from India (6%), the Philippines (4%), the United Kingdom (3%), or New Zealand (2%).

Interestingly, there are some differences in working situations for those who qualified overseas, compared with those who gained their entry level qualifications in Australia. Of note, 73% of aged care workers qualified overseas, whereas only 20% of those in private practice and 11% of those in education were similarly qualified. Similarly, 27% of physiotherapists working in regional, remote and rural areas were overseas qualified, compared with 19% of those working in metropolitan areas.

Overall, 42% of physiotherapists in metropolitan areas hold a Master's degree or higher, compared with 30% of those in regional, rural or remote areas. Similarly, 81% of physiotherapists working in education hold a Master's degree or higher, compared with 24% and 25% respectively of those working in aged care or community clinics.

Australian educated physiotherapists are also more likely to hold a Masters degree; 41% of physiotherapists who gained their entry level qualifications in Australia hold a Master's degree or higher, compared with 28% of those who gained their entry level qualifications in another country.

Table 5: Highest level of Qualification, by Work and Education Location

	Total	Metropolitan	Regional centre	Rural town	Remote area	Australian educated	Overseas educated
Sample	3133	2151	493	452	37	2524	733
Bachelor degree	51%	49%	56%	56%	67%	49%	60%
Graduate certificate	6%	5%	7%	8%	6%	6%	5%
Graduate diploma	5%	4%	5%	6%	4%	4%	7%
Master's degree	32%	34%	28%	26%	21%	34%	24%
Doctoral degree	3%	3%	2%	3%	0%	3%	2%
PhD	4%	4%	2%	1%	2%	4%	2%

Result is significantly **higher** / **lower** than average

Q. What is the highest level of qualification you hold in relation to physiotherapy? n=3257

Those holding Masters degree or higher qualifications are more likely to work in metropolitan areas, and in the education sector rather than in aged or community care.





AUSTRALIAN
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Workforce Profile

Workforce Profile

Most respondents work clinically, with the majority employed on a full-time basis.

Role

Over nine in ten members work as a clinician (91%), with a further 16% working in a management role. Around one in ten are educators, with 7% working as a researcher or academic. Around one in twenty work in other roles, including project officers, policy and advocacy advisors, consultants, assessors and case managers.

Results suggest that most physiotherapists start in a clinical role (97% of foundation level members), before branching out into other roles as they progress in their

careers. Expert practitioners are significantly more likely to hold all other roles than their less experienced counterparts, with only 74% continuing to work clinically.

In addition, despite being a female dominated profession, males (20%) are more likely to hold a management role than their female counterparts (14%).

Fig. 5: Role

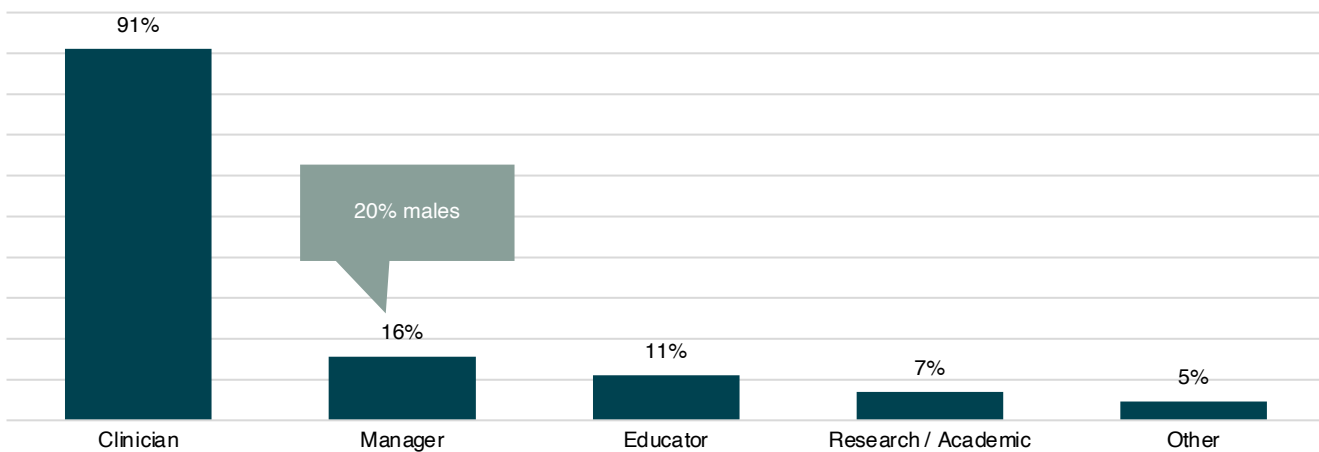


Table 6: Role, by Career Stage

	Foundation	Intermediate	Highly developed	Expert
Sample	281	1430	1209	213
Clinician	97%	93%	89%	74%
Manager	3%	12%	25%	26%
Educator	3%	7%	18%	30%
Research / Academic	3%	3%	11%	38%

Result is significantly higher / lower than average



Clinical Areas

Among respondents who work clinically, almost two in five work in musculoskeletal (37%).

One in ten work as a generalist (10%), while less than one in ten work across other clinical areas such as gerontology (8%), neurological (6%) and pediatric (6%).

Males are more likely to work in musculoskeletal (52%), generalist (13%) and sport and exercise (9%) roles, with females making up the bulk of the workforce in all other roles.

Rural (27%) and remote (31%) physiotherapists are significantly more likely to be generalists, so they are able to meet a wider range of client needs.

Other clinical areas nominated include palliative care, mental health, animal, emergency department, hand therapy, lymphoedema, neonatal, rehabilitation and vestibular.

Only 3% of respondents indicated that they do no work clinically.

Table 7: Clinical Area

	%
Musculoskeletal	37%
Generalist	10%
Gerontology	8%
Neurological	6%
Paediatric	6%
Woman's, Men's and Pelvic Health	5%
Sports and Exercise	5%
Inpatient Hospital	5%
Disability	3%
Cardiorespiratory	2%
Pain	2%
Orthopaedic	2%
Occupational Health	2%
Cancer	1%
Other	3%
Do not work clinically	3%
Total	100%



Male physiotherapists are more likely to be self-employed or working on a full-time basis than their female counterparts.

Employment Status

Nearly ninety percent (89%) of respondents are currently employed in some capacity. Respondents who are employed include 60% who are employed, 3% who are contractors and 1% working as a locum. In addition, 17% of members are self-employed, with a further 9% indicating that they both employed and self-employed.

Among those members who are employed, almost three in five (59%) work on a full-time basis, with a further 35% employed on a part-time basis. Less than one in ten (6%) are employed on a casual basis.

Across respondents working on a full-time basis, one in seven (71%) of those aged under 35 years work full time, compared with 46% aged 35 years or more. Similarly, 76% of men are employed full-time, compared with 52% of women. Two thirds (66%) of members who gained their qualification overseas currently work full-time, compared with 57% of those who obtained their qualifications in Australia.

Among those employed part-time, around one in three work either 0.8 (36%) or 0.6 (34%) of a full-time load, with a further 19% working 0.4 and 5% working 0.2 of a full-time load. Among those who

indicated they work other part-time loads, around 2% each indicated they work on 0.5 or 0.9 of a full-time load, with 1% working 0.7 of a full-time load.

Self employed physiotherapists are more likely to be male with 32% of males self-employed, compared with 23% of women. Self-employment is also more common among respondents working in rural or remote areas (34%) than in regional or metropolitan areas (28%). Those who gained their qualification in Australia (31%) are also more likely to be self-employed than those who obtained their qualifications overseas (17%).

Interestingly, members aged 65 years or more (18%) are significantly more likely to be employed on a casual basis than their younger counterparts (6%). Free text comments suggest this may be done as a way of transitioning into retirement for many physiotherapists.

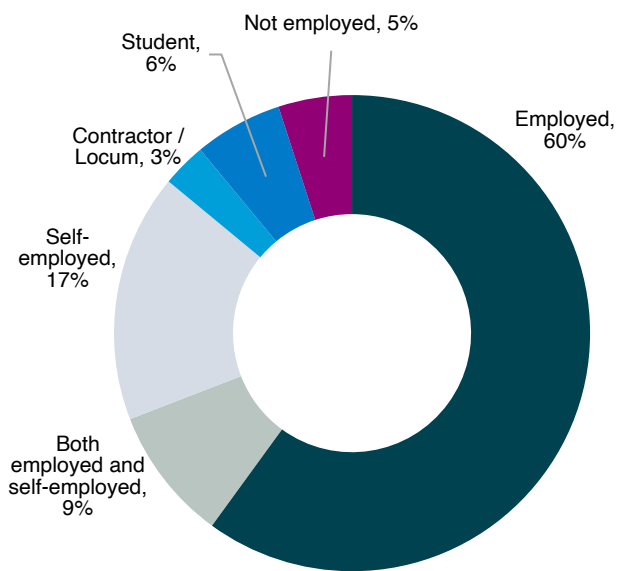
In total, one in ten members (11%) are not currently employed. This includes 6% who are students, 1% who are retired, and 4% who are not currently working.

Table 8: Employment Status , by Gender and Region

	Total	Female	Male	Metropolitan	Regional Centre	Rural Town	Remote Area
Sample	3525	2473	1042	2152	493	452	37
Employed	60%	62%	55%	67%	71%	64%	56%
Self-employed	17%	15%	21%	18%	18%	25%	23%
Both employed and self employed	9%	8%	11%	11%	8%	9%	13%
Locum + Contractor	3%	4%	3%	4%	3%	2%	9%
Student	6%	6%	7%	n/a	n/a	n/a	n/a
Not currently working + Retired	5%	6%	3%	n/a	n/a	n/a	n/a

Result is significantly higher / lower than average

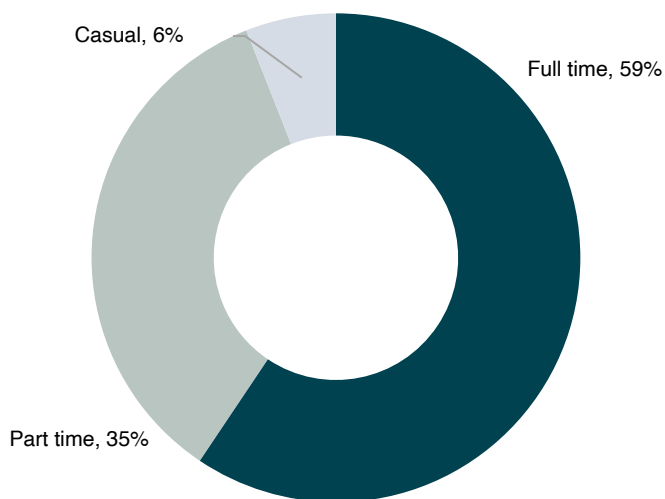
Fig. 6: Employment Status



While nine in ten respondents are employed in some capacity, a quarter of physiotherapists are self employed.



Fig. 7: Employment Type



Q. What is your current employment situation? n=3252 | Q. In your PRIMARY role or position, are you employed: n=2368 | Q. You indicated you work on a part-time basis. Approximately, what proportion of a full-time load do you usually work? n=952

Over half of respondents work in private practice, with one in five in a hospital setting.

Work Setting

A little under three in five physiotherapists (57%) work in private practice. This includes:

- 37% who work in a micro practice with less than 10 employees.
- 16% who work in a small or medium enterprise (SME) with 10 to 199 employees.
- 3% who work for a corporate employer with 200 or more employees.

One in five physiotherapists work for either a public (16%) or private (4%) hospital, with an additional 8% working in aged care. The remaining respondents indicate that they either work in education (3%), a community clinic (3%), a not-for-profit (3%), a government department (1%) or another setting (5%), including mining, sports clubs, and providing in-home care as a sole trader.

Of interest, males are more likely to be attracted to private practice; 67% of males work in private practice, compared with 52% of females. By contrast, 23% of females work in a public or private hospital, compared with 13% of males.

Table 9: Practice Setting

	%
Private practice	57%
< 10 employees	37%
SME: 10-199 employees	16%
Corporate: 200+ employees	3%
Public hospital	16%
Residential aged care facility	8%
Private hospital	4%
Tertiary education sector	3%
Community clinic / Aboriginal service	3%
Not for profit organisation	3%
Government health department	1%
Other	5%
Total	100%



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Remuneration

Remuneration

Most physiotherapists have a fixed salary, although many in private practice are paid on a commission basis.

Salary Arrangements

Around two in three physiotherapists are paid a fixed salary, with a further 19% paid a base salary plus commission. These physiotherapists indicated that on average around 30% of their salaries are attributed to commission, with the average amount ranging from 9% - 50% of their total salary.

One in seven respondents (14%) indicated that they have a contract agreement in place covering their salary arrangements, and 3% preferred not to specify how they are remunerated.

Physiotherapists working in private practice are significantly more likely to be paid a commission (38%) than those in all other settings, as are those who focus on musculoskeletal issues (40%).

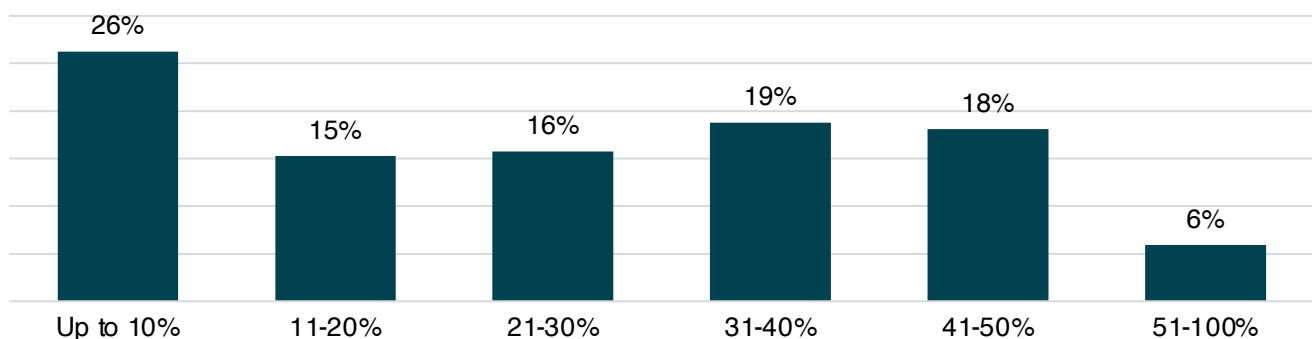
By contrast, physiotherapists working in the sports and exercise field (26%) are significantly more likely than others to have a contract agreement in place. This is also true of those working in Aged Care (24%) and Private Hospitals (21%).

Table 10: Salary Arrangements

	Sample	Fixed Salary	Base plus Commission	Contract Agreement
Total	2209	64%	19%	14%
Private Practice	1000	41%	38%	17%
Public Hospital	457	94%	0%	5%
Aged Care	198	67%	0%	24%
Private Hospital	115	74%	2%	21%

Result is significantly higher / lower than average

Fig. 8: Proportion of Salary Attributed to Commission



Physiotherapists earn an average of \$95,250 per annum, with over half earning between \$80,000 and \$120,000.

Annual Salaries

On average, physiotherapists in Australia earn an annual salary of \$95,405, with most salaries falling between \$68,660 and \$122,150. Over half (56%) of responding physiotherapists earn between \$80,000 and \$120,000.

Salary distributions increase with experience, with foundation level physiotherapists earning an average of \$76,531 per annum. This increases to \$92,354 for intermediate level practitioners, \$106,111 for those who are highly developed, and \$137,678 for physiotherapists who are experts in their field.

Across clinical areas, the salary data shows considerable variation. The lowest annual salaries are earned by physiotherapists working in gerontology, women's, men's and pelvic health, or generalist roles at \$89,229, \$90,681 and \$91,121 on

average respectively. By contrast, those working in occupational health and cardiorespiratory areas earned \$115,081 and \$108,579 respectively on average in the last year.

Geographical differences also play a significant role in salary variations. Professionals in the Northern Territory and Tasmania report higher average salaries of \$105,924 and \$106,331 respectively. In contrast, those in South Australia have a lower average annual salary of \$89,936. In addition, while physiotherapists working in rural areas tend to earn lower salaries on average at \$91,789, those working in remote locations earn a significantly higher average annual salary of \$110,900 than professionals working in metropolitan or regional cities.

Fig. 9: Average Annual Salary Ranges

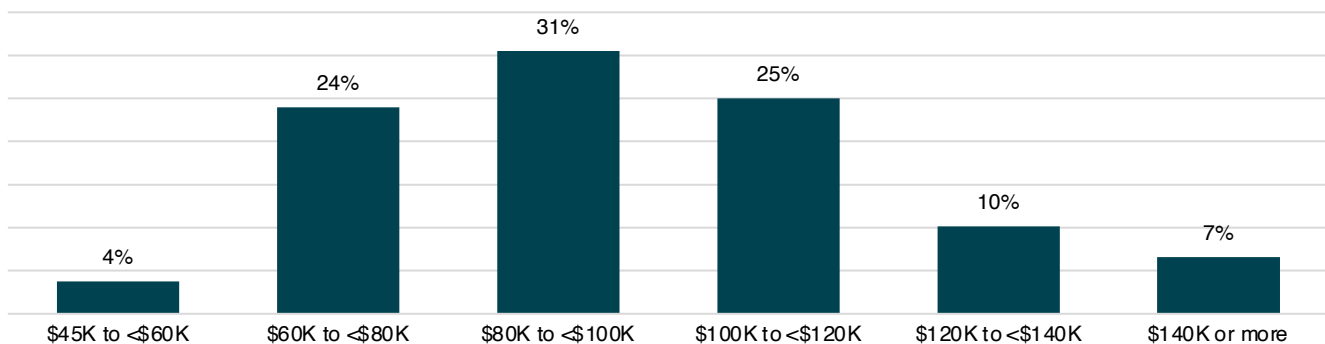


Table 11: Average Annual Salary, by Career Stage

Annual Salary, 000's	N	Average	Typical Range	Min – Max	Median
Overall	1886	\$95	\$69 – \$122	\$47 - \$250	\$91
Foundation	221	\$77	\$60 – \$93	\$47 - \$200	\$74
Intermediate	883	\$92	\$71 – \$113	\$47 - \$210	\$90
Highly developed	670	\$106	\$78 – \$134	\$50 - \$220	\$105
Expert	112	\$138	\$98 – \$177	\$50 - \$250	\$130

Result is significantly higher / lower than average

Q. How much is your annual salary per annum (including commission if applicable), excluding superannuation and other benefits? n=1887

Respondents employed on a full-time or part-time basis were asked to provide their annual FTE salaries. The average, range and median salaries, have been calculated for each segment. Typical ranges have been calculated to provide a more typical range of the salaries for each segment. Please see the page 6 for a more detailed explanation on how this data has been calculated.

Table 12: Average Annual Salaries, by Practice State and Location

Annual Salaries, 000s	N	Average	Typical Range	Min – Max	Median
ACT	65	\$98	\$68 – \$128	\$50 - \$200	\$95
NSW	469	\$95	\$69 – \$120	\$50 - \$250	\$92
NT	20	\$106	\$81 – \$131	\$72 - \$185	\$101
QLD	413	\$97	\$69 – \$125	\$50 - \$200	\$92
SA	158	\$90	\$68 – \$112	\$47 - \$200	\$89
TAS	52	\$106	\$76 – \$137	\$50 - \$250	\$103
VIC	519	\$94	\$66 – \$122	\$47 - \$230	\$90
WA	190	\$95	\$71 – \$119	\$50 - \$200	\$95

Metropolitan	1309	\$96	\$68 – \$123	\$47 - \$250	\$90
Regional	303	\$96	\$71 – \$120	\$50 - \$191	\$95
Rural	252	\$92	\$68 – \$115	\$50 - \$210	\$90
Remote	23	\$111	\$82 – \$140	\$68 - \$180	\$103

Musculoskeletal	655	\$93	\$66 – \$120	\$50 - \$250	\$90
Generalist	187	\$91	\$68 – \$114	\$50 - \$186	\$85
Gerontology	182	\$89	\$70 – \$108	\$47 - \$205	\$90
Neurological	111	\$97	\$72 – \$121	\$50 - \$200	\$95
Paediatric	104	\$94	\$72 – \$116	\$50 - \$180	\$91
Women's, Men's and Pelvic Health	88	\$91	\$70 – \$111	\$50 - \$150	\$90
Sports & Exercise	92	\$102	\$72 – \$132	\$60 - \$211	\$100
Inpatient hospital	84	\$92	\$72 – \$112	\$50 - \$162	\$90
Disability	52	\$91	\$66 – \$117	\$47 - \$200	\$95
Cardiorespiratory	53	\$109	\$84 – \$133	\$50 - \$162	\$106
Pain	34	\$97	\$68 – \$125	\$55 - \$180	\$92
Orthopaedic	38	\$96	\$70 – \$123	\$50 - \$160	\$100
Occupational health	31	\$115	\$81 – \$150	\$58 - \$204	\$108
Cancer	16	\$98	\$61 – \$134	\$50 - \$200	\$104
Other	71	\$102	\$78 – \$126	\$50 - \$170	\$100

Result is significantly higher / lower than average

Average annual salaries show a gender pay gap, largely among highly developed and/or expert level physiotherapists.

Results also show a gender pay gap, with men generally earning a higher average annual salary (\$98,943) than their female counterparts (\$93,900). This gender pay gap becomes more pronounced with experience, potentially driven in part by the fact that male physiotherapists are also more likely to hold management level roles than their female counterparts.

While starting salaries are similar, at \$77,503 for males and \$76,383 for females, by the time they have highly developed skills male physiotherapists earn 11% more than their female counterparts. This gap increases to 15% for experts, with expert level male physiotherapists earning \$22,932 more, on average per year, than females who become experts in their field.

Fig. 10: Average Annual Salary by Gender, by Career Stage

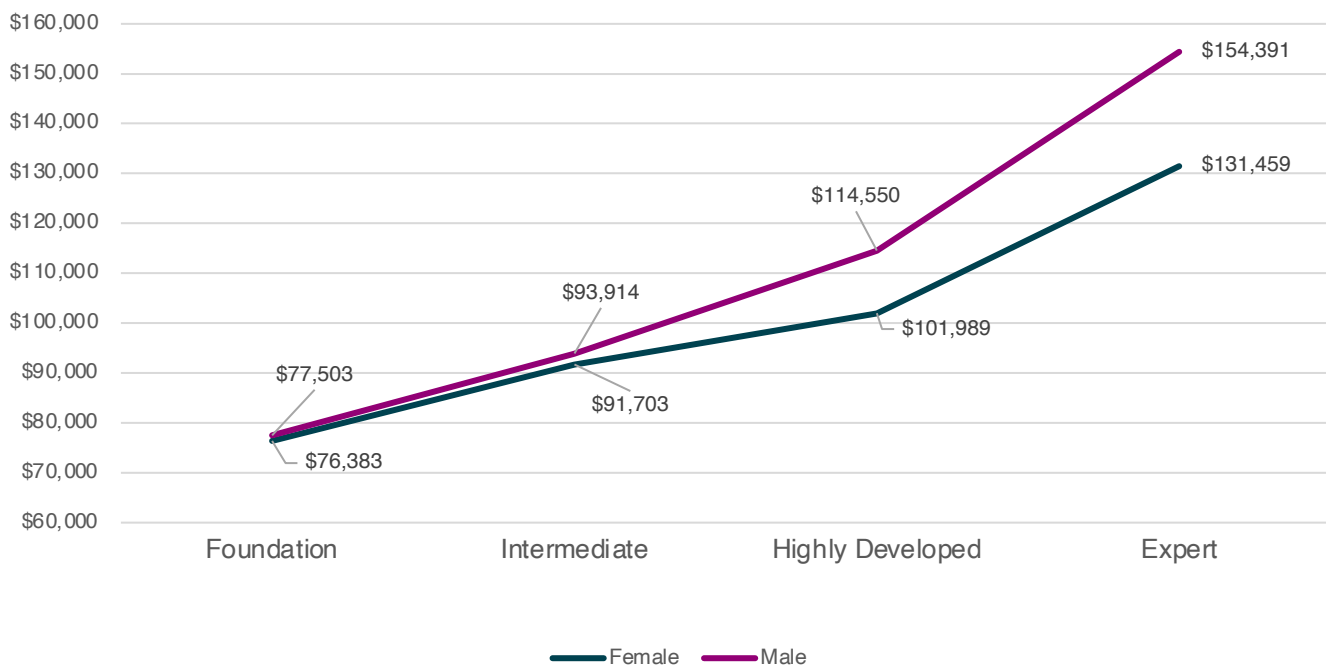


Table 13: Average Annual Salaries, by Gender and Career Stage

Annual Salary, 000's	N	Average	Typical Range	Min – Max	Median
Overall	1891	\$95	\$69 – \$122	\$47 - \$250	\$91
Female	1329	\$94	\$69 – \$119	\$47 - \$230	\$90
Male	554	\$99	\$70 – \$128	\$50 - \$250	\$92

Result is significantly higher / lower than average

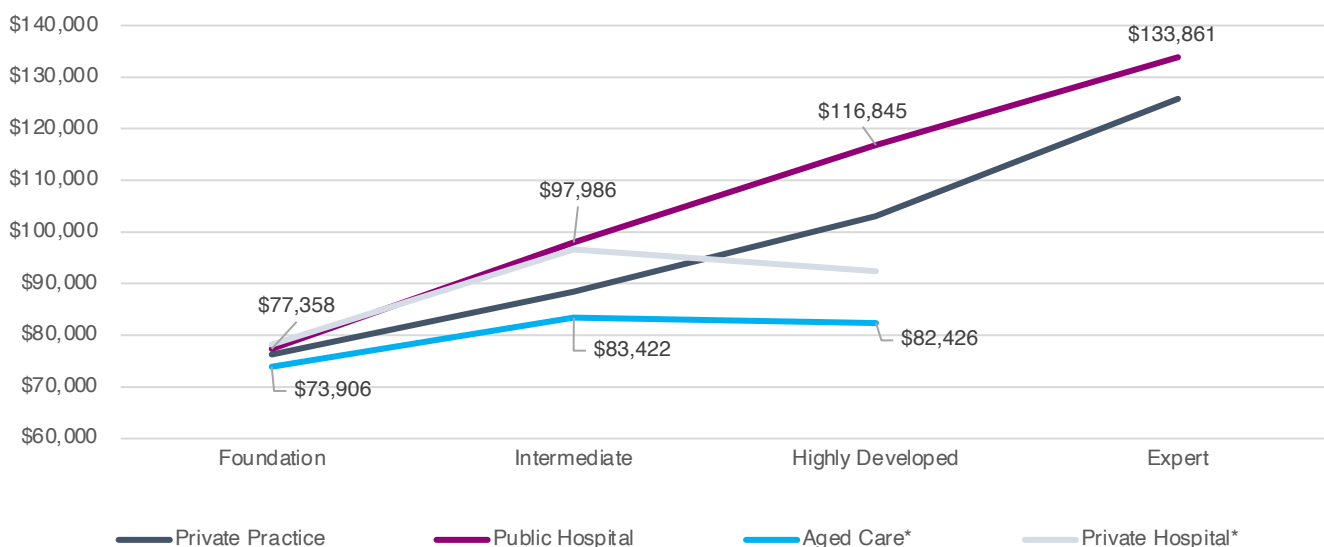
Experience is remunerated differently depending on practice area, with more experienced physiotherapists in private practice and public hospitals earning more than those in private hospitals or aged care.

Individuals working in aged care average \$81,200 per annum, while those private practice average \$90,794. By comparison, physiotherapists working in public hospitals earn \$103,313 on average, with those in in education earning an average of \$126,534 per annum.

and private or public hospitals at the foundation level, considerable variation is noted at more experienced levels. Physiotherapists with a highly developed career working in public hospitals or private practice tend to earn much higher salaries on average than their counterparts in private hospitals or aged care.

Interestingly, while there is very little difference in salary for those working in private practice, aged care,

Fig. 11: Average Annual Salary by Practice Setting, by Career Stage



*Less than five salaries were provided for expert level physiotherapists working in aged care or private hospitals.

Table 14: Average Annual Salaries, by Practice Area

Annual Salary, 000s	N	Average	Typical Range	Min – Max	Median
Private Practice	857	\$91	\$65 – \$117	\$47 - \$250	\$85
Public Hospital	399	\$103	\$78 – \$128	\$50 - \$220	\$100
Aged Care	160	\$81	\$65 – \$97	\$47 - \$150	\$80
Private Hospital	96	\$92	\$72 – \$112	\$50 - \$160	\$90
Education	89	\$127	\$87 – \$166	\$50 - \$250	\$120
Not for Profit	80	\$95	\$72 – \$118	\$50 - \$204	\$92
Community	72	\$97	\$74 – \$120	\$50 - \$152	\$98
Government Department	38	\$108	\$85 – \$131	\$60 - \$184	\$110
Other	99	\$107	\$79 – \$136	\$52 - \$211	\$100

Result is significantly higher / lower than average

Employees on fixed salaries tend to earn more with experience, with full time employees also earning higher wages than their part-time counterparts as experience increases.

At \$97,412, physiotherapists working full-time earn more on average per annum than those in part-time positions (\$91,705).

This difference becomes more pronounced over time, with the most experienced physiotherapists working on a full-time basis (\$150,135) earning significantly more

than their counterparts working part time (\$115,491).

Similarly, those on fixed salaries (\$97,668) tend to earn more than physiotherapists who are paid on a commission basis (\$92,909), with those on contract agreements averaging a lower \$88,247 per annum.

Fig. 12: Average Annual Salary by Employment Type, by Career Stage

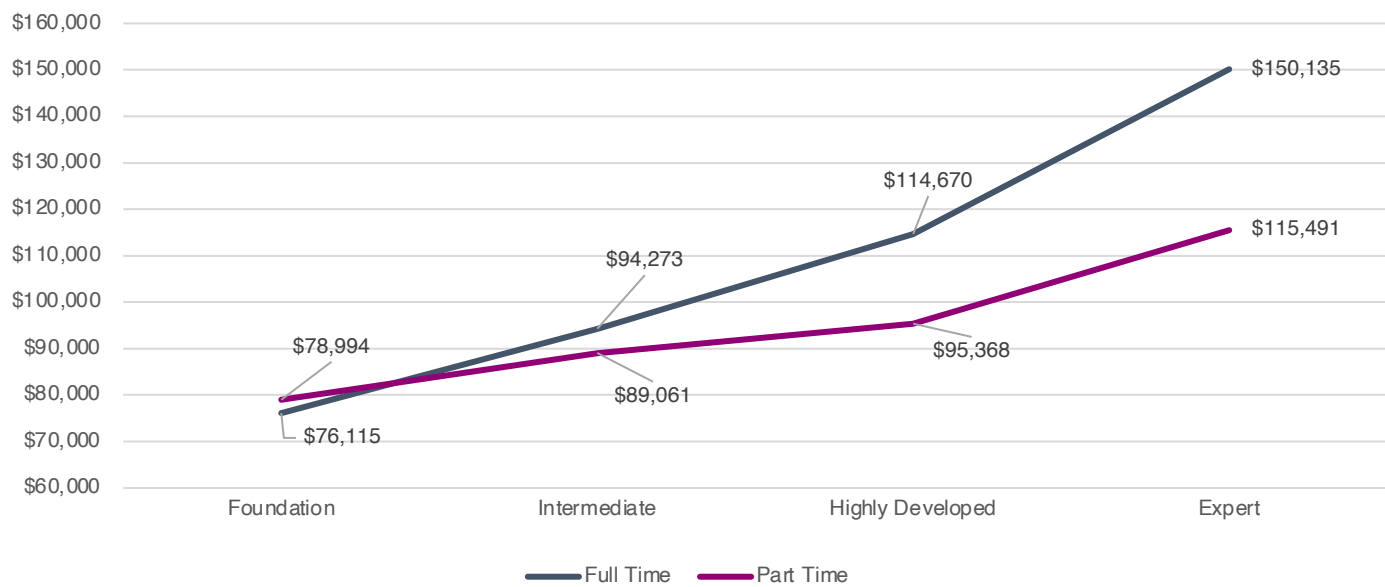


Table 15: Average Annual Salaries, by Employment Type and Remuneration Arrangement

Annual Salary, 000s	N	Average	Typical Range	Min – Max	Median
Overall	1891	\$95	\$69 – \$122	\$47 - \$250	\$91
Full Time	1110	\$97	\$70 – \$125	\$50 - \$250	\$92
Part Time	776	\$92	\$657– \$116	\$47 - \$210	\$90
Fixed Salary	1264	\$98	\$71 – \$125	\$50 - \$250	\$95
Base Salary plus commission	319	\$92	\$67 – \$119	\$50 - \$200	\$90
Contract agreement	304	\$88	\$63 – \$114	\$47 - \$210	\$82

Result is significantly higher / lower than average

Q. How much is your annual salary per annum (including commission if applicable), excluding superannuation and other benefits? n=1887



“At some point in my career, I realise there is a ceiling to how much a physio can earn. It is essentially a face-to-face service where you have to see a client to earn money.”

Private Practice, QLD

Casual Employment

On average, casual physiotherapists work between 9 and 30 hours per week, balancing out to approximately 19.5 hours per week. This increases to 24.4 hours for males and drops to 17.7 hours among female physiotherapists. On average, 61% of females who work casually work for less than 16 hours per week. This compares to 29% of males, who are more likely to work more hours even when employed casually; 53% of males employed casually work more than 25 hours per week.

At 24.8 hours per week, foundation level practitioners also tend to work more casual hours per week than their more experienced counterparts.

Physiotherapists in public hospitals (27.3) tend to work more hours per week on average than those in private hospitals (15.8) when working casually.

With respect to wages, casually employed physiotherapists earn an average of \$58 per hour. While not significantly different, at \$59 per hour women have a slightly higher hourly rate than male physiotherapists (\$56). As expected, hourly rates increase with experience, with foundation level physiotherapists tending to earn \$47 per hour, increasing to \$67 for highly developed or expert level professionals.

Those working in regional, rural and remote locations also tend to have higher hourly rates than their colleagues in metropolitan locations, earning \$63 per hour, compared with \$57.

Physiotherapists working casually in private hospitals (\$50) have lower hourly rates than those in private practice (\$60) or public hospitals (\$56).

Fig. 13: Casual Hours, by Gender

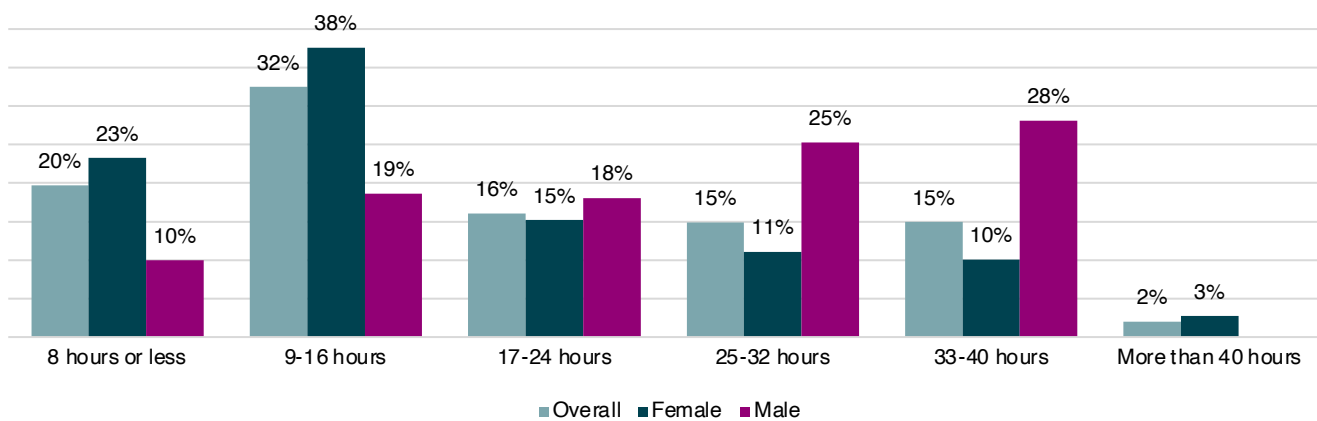


Table 16: Hours Worked, by Gender and Career Stage

	N	Average	Typical Range	Median
Overall	158	19.5	8.6 – 30.5	16.0
Female	123	17.7	7.1 – 28.4	15.0
Male	35	24.4	14.0 – 34.8	25.0
Foundation	19	24.8	15.7 – 34.0	25.0
Intermediate	78	17.5	7.0 – 28.0	15.0
Highly developed	54	19.5	7.7 – 31.3	18.0
Expert	7	-	-	-

Result is significantly higher / lower than average

Q. How many hours per week do you generally work? n=158 | Q. What is your current hourly rate? n=154

Hourly rates tend to increase with experience and differ based on location.

Table 17: Hourly Rates, by Gender and Career Stage, State, Location and Practice Area

	N	Average	Typical Range	Median
Overall	154	\$58	\$36 – \$80	\$55
Female	119	\$59	\$37 – \$82	\$55
Male	35	\$56	\$36 – \$76	\$52
Foundation	19	\$47	\$35 – \$58	\$46
Intermediate	75	\$57	\$35 – \$80	\$54
Highly developed	53	\$63	\$45 – \$81	\$60
Expert	7	-	-	-
NSW / ACT	46	\$54	\$41 – \$66	\$52
SA / NT	25	\$53	\$35 – \$70	\$48
QLD	36	\$62	\$41 – \$83	\$57
VIC / TAS	32	\$58	\$35 – \$80	\$56
WA	15	\$72	\$32 – \$112	\$60
Metro	115	\$57	\$35 - \$79	\$50
Regional	18	\$66	\$40 - \$93	\$65
Rural / Remote	21	\$61	\$47 - \$75	\$57
Private Practice	80	\$60	\$35 – \$85	\$55
Public Hospital	15	\$56	\$45 – \$66	\$50
Aged Care	8	-	-	-
Private Hospital	13	\$50	\$37 – \$62	\$52

Result is significantly higher / lower than average

Around one in ten physiotherapists (12%) earned a bonus in the past 12 months.

Bonus

Overall, 12% of members indicated that they earned a bonus in the last 12 months, with males (17%), managers (19%), and those working full time (15%) significantly more likely to have received a bonus than others.

Interestingly, physiotherapists working in private practice (20%), musculoskeletal (19%) and sport or exercise (21%) specialist areas were also far more likely to have earned a bonus in the past 12 months. In addition, one in three professionals earning commission indicated that they also received a bonus last year.

While there were no difference by career stage in the likelihood of earning a bonus, the value of the bonus earned does increase with experience. Expert level physiotherapists received an average bonus of \$18,245 in the last 12 months, compared with \$1,886 for those still in the foundation stage of their career.

At \$8,497, males also tended to earn a higher bonus than female physiotherapists, who received an average of \$5,312 in their bonus package in the last year.

Fig. 14: Bonus Received in the Past 12 Months

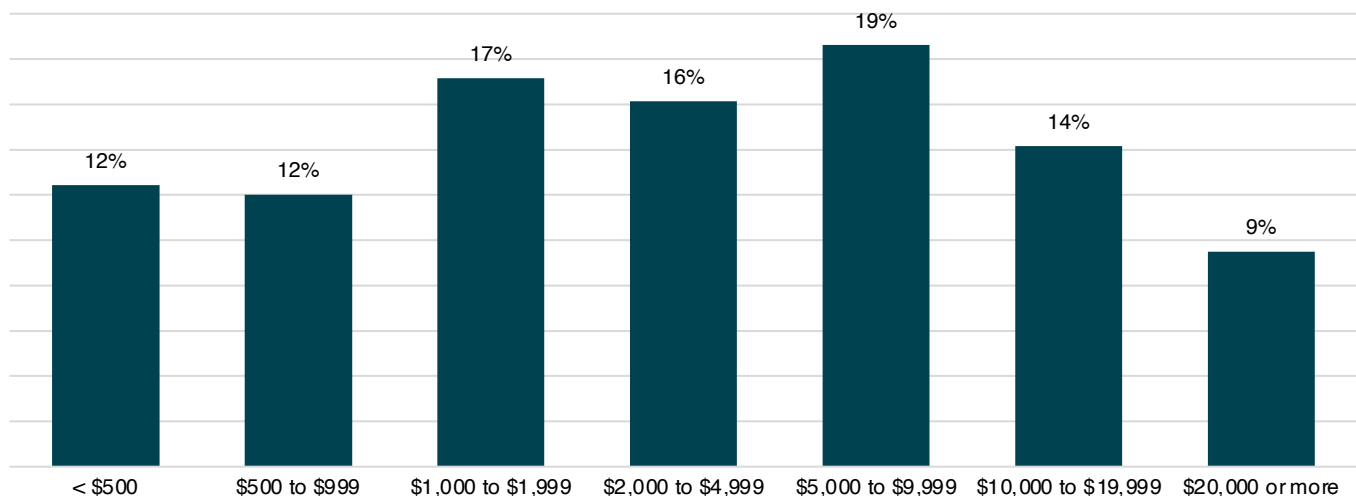


Table 18: Average Bonus, by Career Stage

	Total	Foundation	Intermediate	Highly developed	Expert
Sample	217	16	105	84	11
Average Bonus Earned	\$6,645	\$1,886	\$4,718	\$10,585	\$18,245

Result is significantly higher / lower than average



Only two in five physiotherapists believe they are fairly remunerated for the work that they do.

Overall, around two in five physiotherapists believe that they are fairly remunerated, with only 7% strongly agreeing this is the case. A similar proportion disagree (39%), with 12% strongly disagreeing that they are fairly remunerated.

This is reflected in free text comments, with a number of physiotherapists citing insufficient pay as a driving factor in their consideration to leave the industry in the next five years.

Satisfaction with remuneration does tend to increase with experience, with 55% of expert level physiotherapists believing they are fairly remunerated, compared with only 34% of those in the foundation level of their career.

Views of remuneration tend otherwise to be fairly consistent across groups, with only a few differences of note:

- Metropolitan based physiotherapists (41%) and those working in public hospitals (48%) are the most likely to disagree that they are fairly remunerated for the work they do.
- Physiotherapists working in education (57%) are the most likely to agree that they are remunerated fairly.

Fig. 15: Remuneration Satisfaction

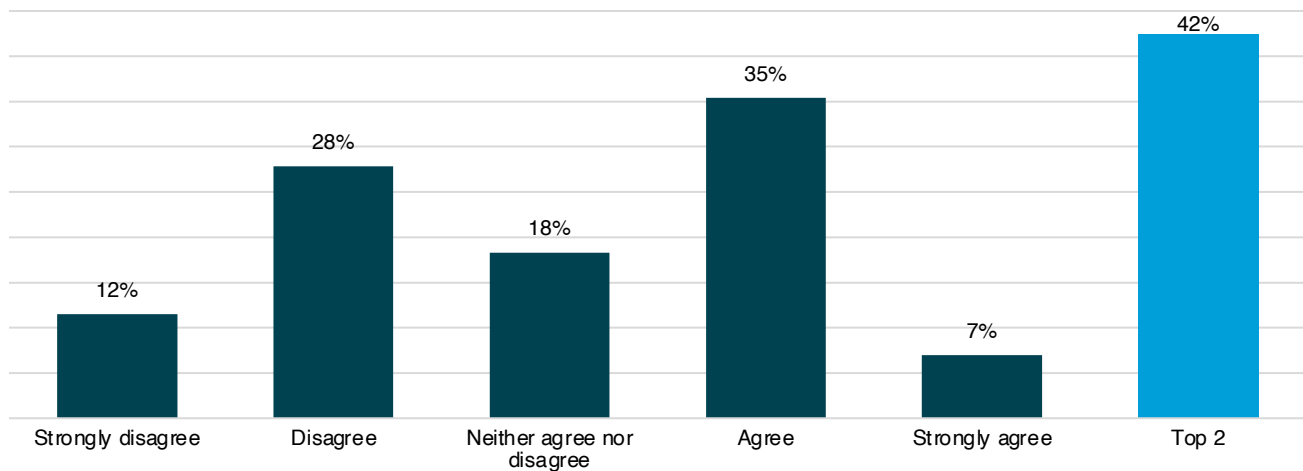


Table 19: Remuneration Satisfaction, by Career Stage

	Foundation	Intermediate	Highly developed	Expert
Sample	281	1430	1209	213
Top 2 (Agree / Strongly Agree)	34%	42%	45%	55%

Result is significantly higher / lower than average

Table 20: Remuneration Satisfaction, by Practice Area

	Private Practice	Public Hospital	Aged Care	Private Hospital	Education	Not for Profit
Sample	1790	472	211	129	123	105
Top 2 (Agree / Strongly Agree)	43%	38%	33%	35%	57%	43%

Result is significantly higher / lower than average

Most physiotherapists would prefer to continue receiving the same salary arrangements they currently have in place.

Preferred Salary Arrangements

Half of all physiotherapists indicated that they would prefer to be remunerated via a fixed salary. This increases to 75% of those who are currently on a fixed salary arrangement.

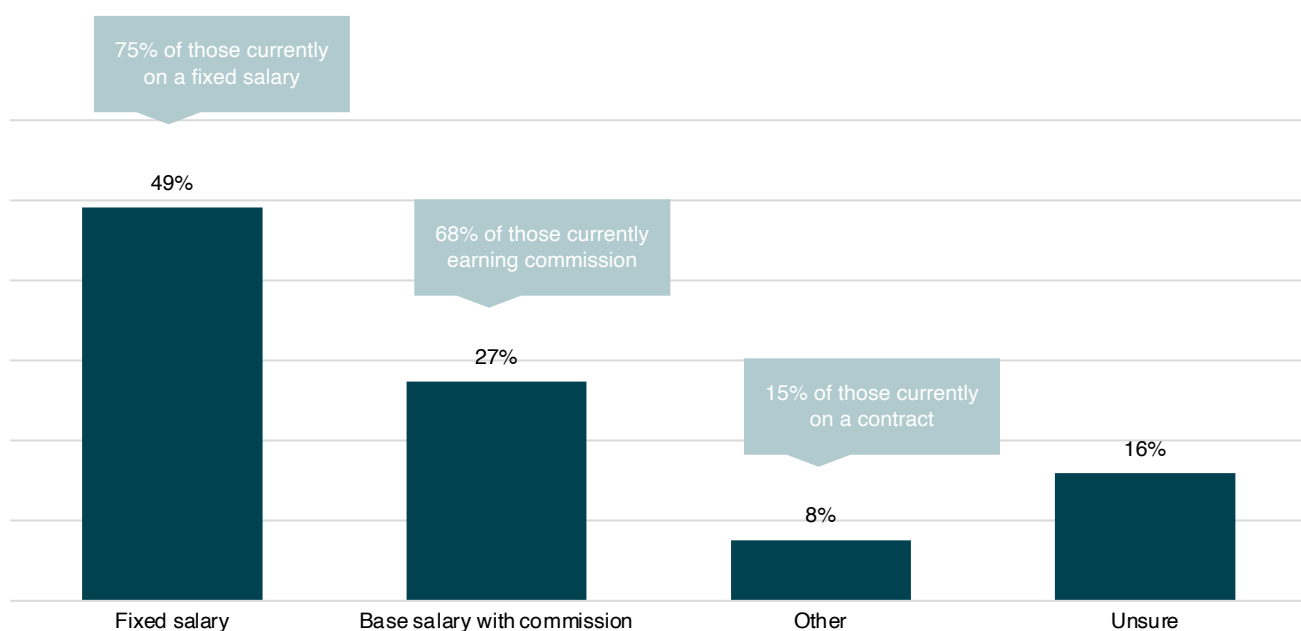
Overall, a little over one in four (27%) prefer to receive a base salary plus commission, however this increases to 68% of those who currently have this arrangement in place.

Together, these results suggest that physiotherapists may be drawn to companies that offer salary arrangements they prefer, implying an appetite for a range of different salary arrangements within the industry.

One in six physiotherapists are unsure about their preferred salary arrangements, and 8% offered other suggestions. These other arrangements tended to be more variable in nature, reflecting the similarly variable nature of the work. They included commission only, percentages based on the number of patient seen, contract agreements, set fee for services or set fee per patient, and set hourly rates.

One member indicated that they would prefer a remuneration package that covered all work undertaken by physiotherapists, not just clinical hours, as “there is no remuneration attached to marketing or teaching in someone’s private clinic, yet you are expected to do [it] for the love [of the profession].”

Fig. 16: Preferred Salary Arrangements





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Satisfaction with Physiotherapy as a Career

Job Satisfaction

Around three in four physiotherapists have high job satisfaction, with satisfaction increasing with experience.

In total, 72% of physiotherapists agree that they have high job satisfaction. This increases to 75% of those working in private practice, well above the 54% from those working in residential aged care. A disparity in job satisfaction is also evident between Australian-trained and overseas-trained professionals, with 75% of the former and 65% of the latter reporting high satisfaction.

Job satisfaction also varies with career stage. At the foundational level, 62% of members agree or strongly agree that they are satisfied with their jobs. This percentage rises with experience, reaching 69% for intermediate, 79% for highly developed, and 86% for expert level professionals.

The employment status of the respondents further influences their job satisfaction. Self-employed physiotherapists have the highest satisfaction rate at 85%, compared to 68% of employed and 54% of locum physiotherapists. While 80% of contractors report high job satisfaction, this drops to 74% for those who are both employed and self-employed.

There is also a clear link between remuneration and job satisfaction. Almost nine in ten (89%) of those who believe they are remunerated fairly report high job satisfaction, compared to 58% who feel they are not fairly remunerated for the job that they do.

Fig. 17: Job Satisfaction

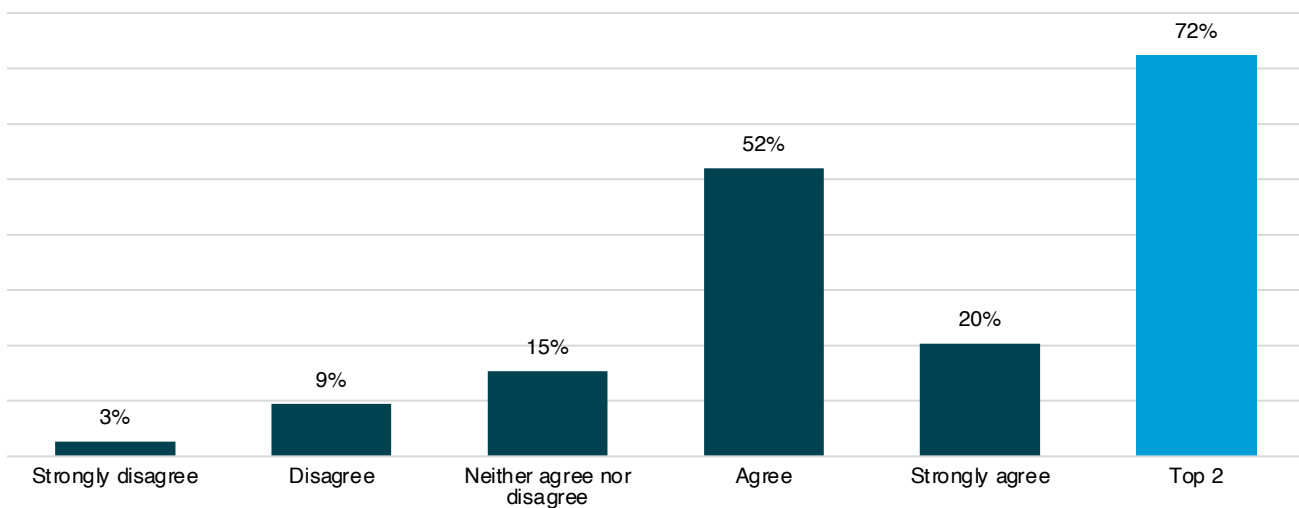


Table 21: Job Satisfaction, by Career Stage

	Foundation	Intermediate	Highly developed	Expert
Sample	281	1429	1208	213
Top 2 (Agree / Strongly Agree)	62%	69%	79%	86%

Result is significantly higher / lower than average

Physiotherapists working in cancer tended to be the most satisfied, with those specialising in occupational health, gerontology and disability the least satisfied with their job.

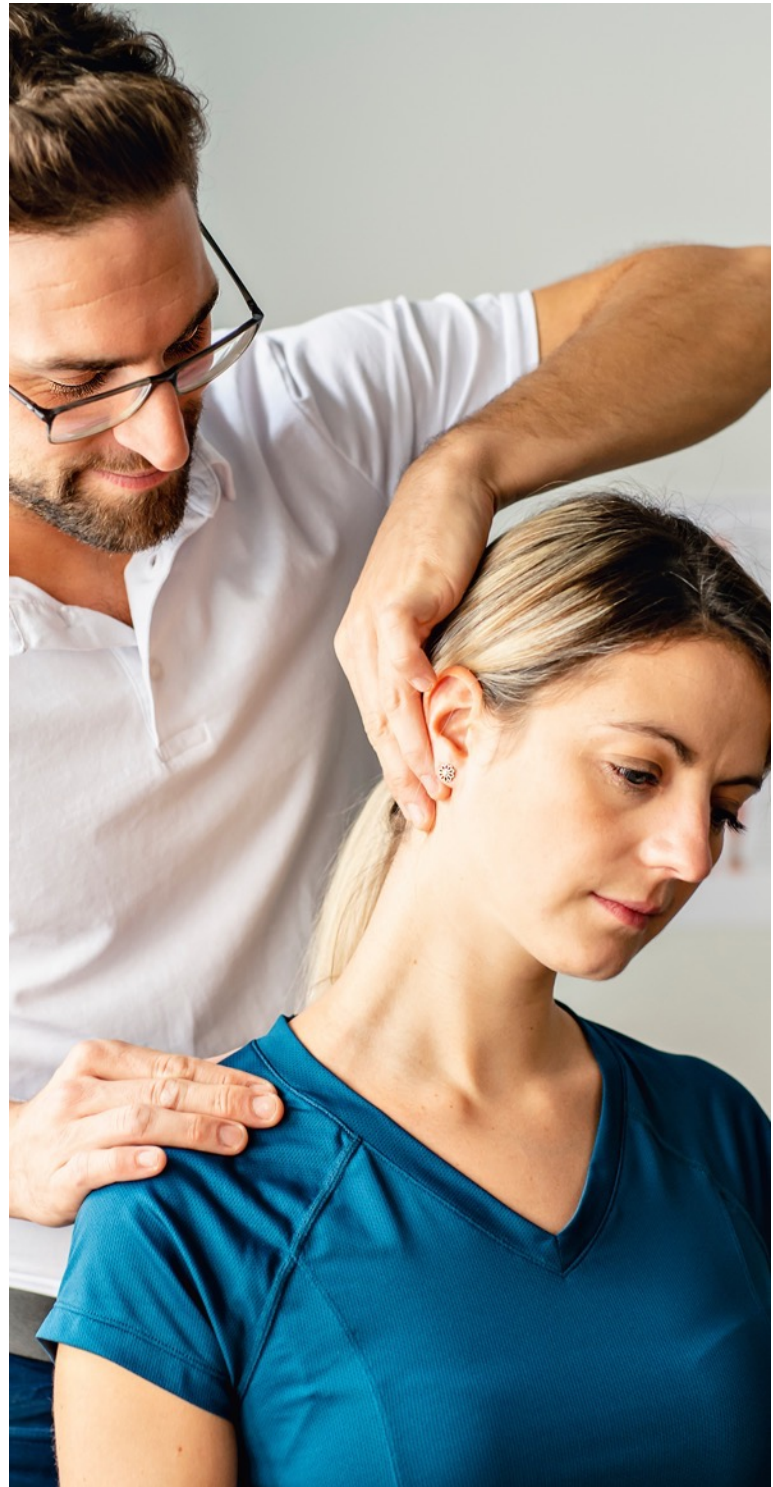
Almost all physiotherapists specialising in cancer care (95%) are satisfied with their jobs, followed closely by those working in women's, men's, and pelvic health at 85%. Paediatric, sport and exercise, and neurological specialists also reported high satisfaction levels, at 79%, 78% and 75% respectively.

In contrast, lower satisfaction rates are evident by physiotherapists working in gerontology (62%), disability (63%), and occupational health (61%).

Table 22: Job Satisfaction, by Specialty

Clinical Specialty	% Top 2 (Agree / Strongly Agree)
Cancer	95%
Woman's, Men's and Pelvic Health	85%
Paediatric	79%
Sports and Exercise	78%
Neurological	75%
Musculoskeletal	73%
Pain	73%
Cardiorespiratory	70%
Generalist	68%
Inpatient Hospital	68%
Orthopaedic	66%
Disability	63%
Gerontology	62%
Occupational Health	61%

Result is significantly higher / lower than average



Drivers of Satisfaction

The biggest driver of job satisfaction among physiotherapists is the ability to make a positive impact, with almost all (98%) nominating this as an important aspect for them. Receiving recognition and being appreciated for their work is also highly valued by 92% and 93% of members respectively.

The vast majority of physiotherapists also cited personal factors as being critical for determining job satisfaction. These include financial security (96%), having a flexible work-life balance (97%) and appropriate working hours (94%).

Relationships with colleagues are particularly important for those working in public hospitals (96%), especially when compared with their colleagues in

private practice (90%). Those in public hospitals are also more likely to consider career progression opportunities and accessing to mentoring and support (90% each) as being critical drivers of their job satisfaction than are those working in private practice (82% and 80% respectively).

Higher autonomy in roles and recognition of skills and experience become increasingly important with experience. By contrast, access to mentoring and support, learning and development opportunities, and opportunities for career progression showed decreasing levels of importance as career progression increased.

Fig. 18: Drivers of Job Satisfaction

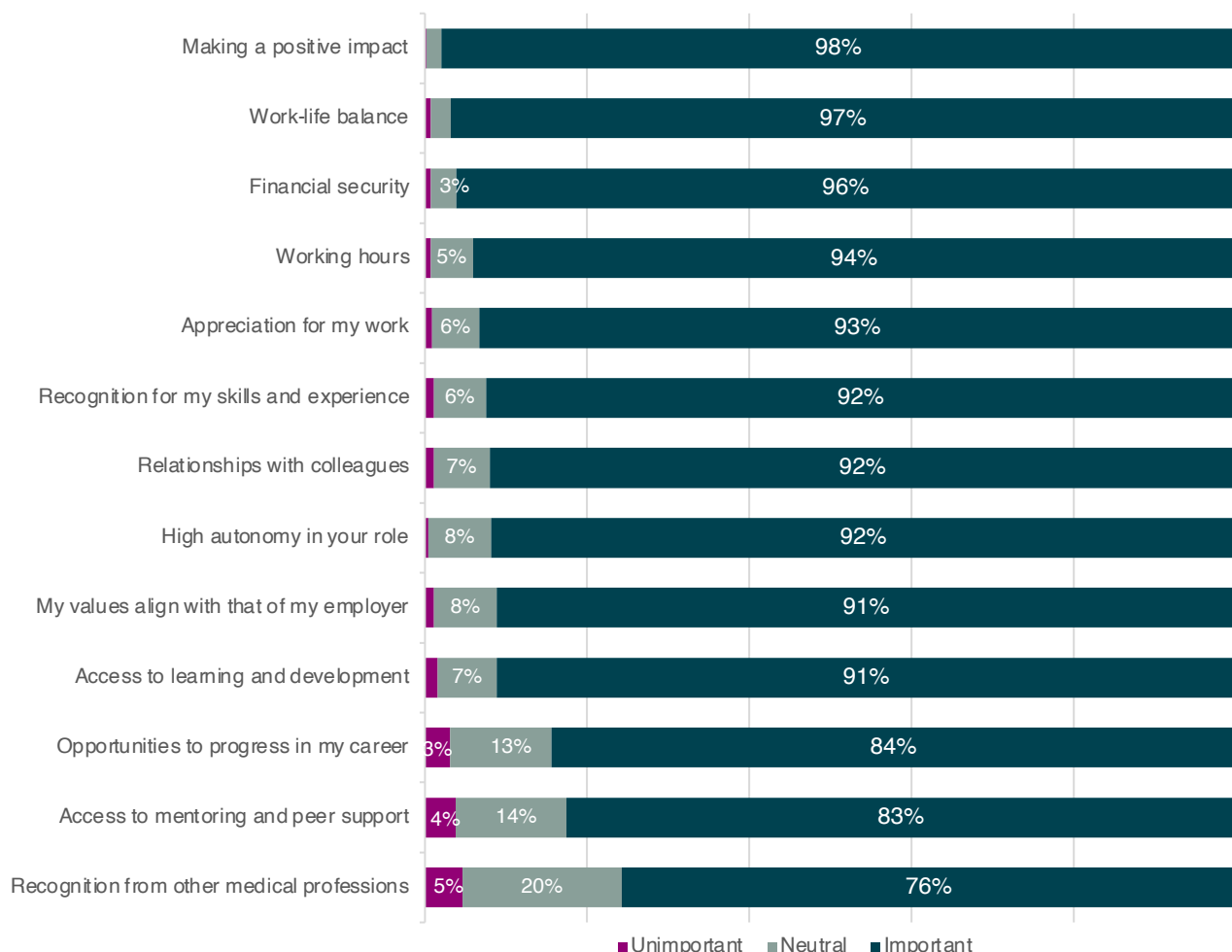


Table 23: Drivers of Job Satisfaction, by Career Stage

Top 2 (% Important / Very Important)	Foundation	Intermediate	Highly developed	Expert
Sample	281	1429	1208	213
Making a positive impact	97%	98%	98%	99%
Work-life balance	97%	98%	96%	90%
Financial security	97%	97%	95%	93%
Working hours	93%	96%	93%	86%
Appreciation for my work	90%	94%	94%	93%
Recognition for my skills and experience	89%	92%	95%	97%
Relationships with colleagues	93%	92%	92%	95%
High autonomy in your role	84%	92%	95%	95%
My values align with that of my employer	94%	91%	90%	89%
Access to learning and development	94%	93%	89%	80%
Opportunities to progress my career	93%	85%	80%	78%
Access to mentoring and peer support	95%	86%	74%	71%
Recognition from other medical professions	71%	75%	78%	76%

Result is significantly higher / lower than average

While career development drivers becomes less important with experience, recognition and autonomy become increasingly important.

The ability to make a positive impact is a critical driver of job satisfaction, followed by work-life balance and financial security.



Graduate Satisfaction

Positively, most physiotherapy students and graduates are satisfied with their decision to pursue physiotherapy as a career.

Satisfaction levels vary slightly across clinical areas. Graduates specialising in paediatrics and inpatient hospital services report the highest satisfaction levels (81% and 78% respectively), while those in disability report lower satisfaction (66%).

Interestingly, physiotherapy graduates and students not working clinically showed significantly less satisfaction, with only 20% expressing satisfaction with their career choice.

Of note, graduates who feel they are fairly remunerated reported higher satisfaction (86%) than those who feel underpaid (65%).

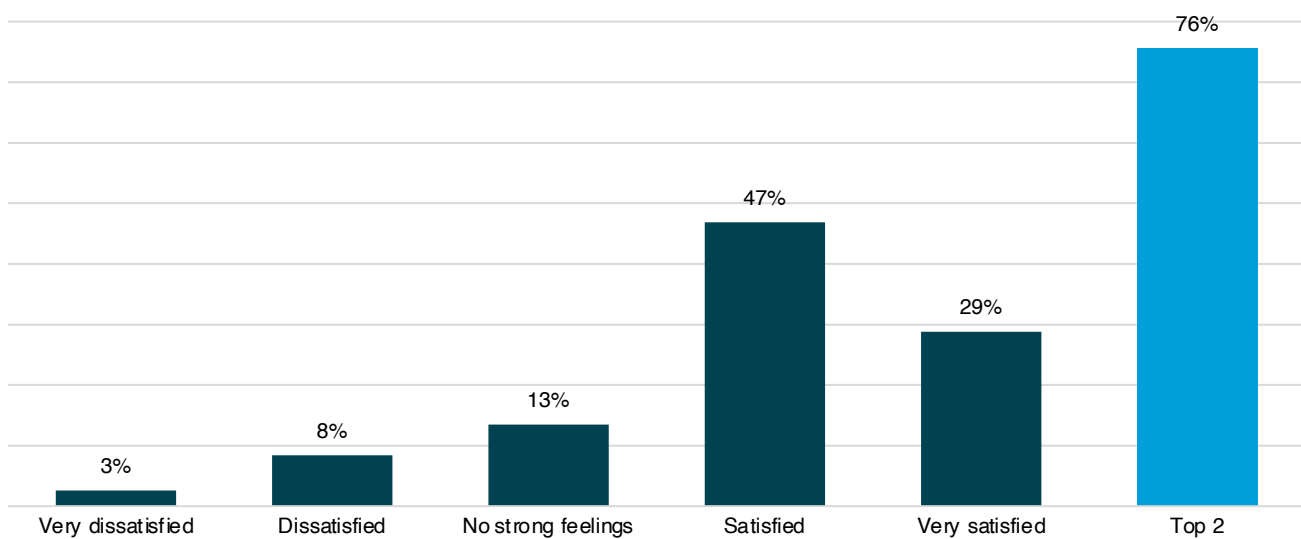
Three quarters of graduates are satisfied with their decision to pursue a career in physiotherapy.

Table 24: Satisfaction with Physiotherapy Career, by Specialty

	% Top 2 (Satisfied / Very Satisfied)
Paediatric	81%
Inpatient Hospital	78%
Neurological	77%
Generalist	76%
Musculoskeletal	74%
Gerontology	74%
Woman’s, Men’s and Pelvic Health	74%
Sports and Exercise	70%
Disability	66%
Others	66%
Do not work clinically	20%

Result is significantly higher / lower than average

Fig. 19: Satisfaction with Physiotherapy Career Choice



Reasons for Dissatisfaction with a Physiotherapy Career

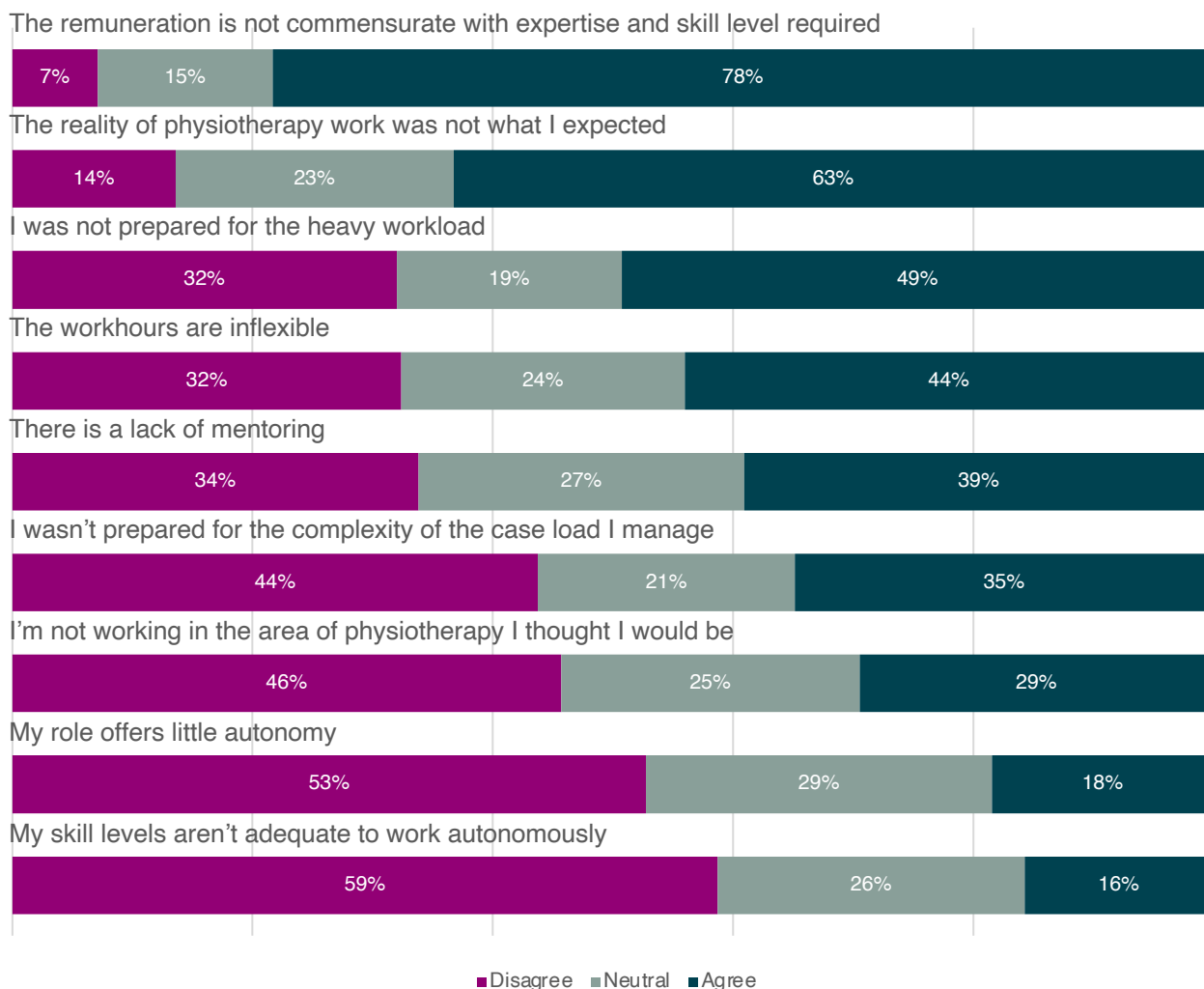
Students and graduates who indicated dissatisfaction with their choice of a physiotherapy career were asked to identify the factors contributing to this feeling. Over half indicated that they are largely dissatisfied because the remuneration they receive does not match the expertise and skill level required (78%) and/or that the reality of physiotherapy work was not what they expected it to

be (63%).

Other notable issues were unpreparedness for heavy workloads (49%) or complexity of the caseloads (35%), inflexible work hours (44%), and a lack of mentoring (39%).

Non-commensurate remuneration and unmet expectations are the biggest cause of dissatisfaction among students and graduates.

Fig. 20: Reasons for Dissatisfaction with a Career in Physiotherapy



Q. Please indicate the extent to which you agree or disagree with the following statements about your role as a physiotherapist? n=142 (N/A responses removed)

Training Pathways

Positively, over seven in ten students and graduates agreed that their placements were positive experiences (71%) that provided quality clinical and learning opportunities (74%). However, 62% felt that they needed more exposure to different clinical settings than what their placements offered. In fact, 86% believe that blended placements would be helpful for ensuring students are able to develop the broad skill base needed for a successful career in physiotherapy.

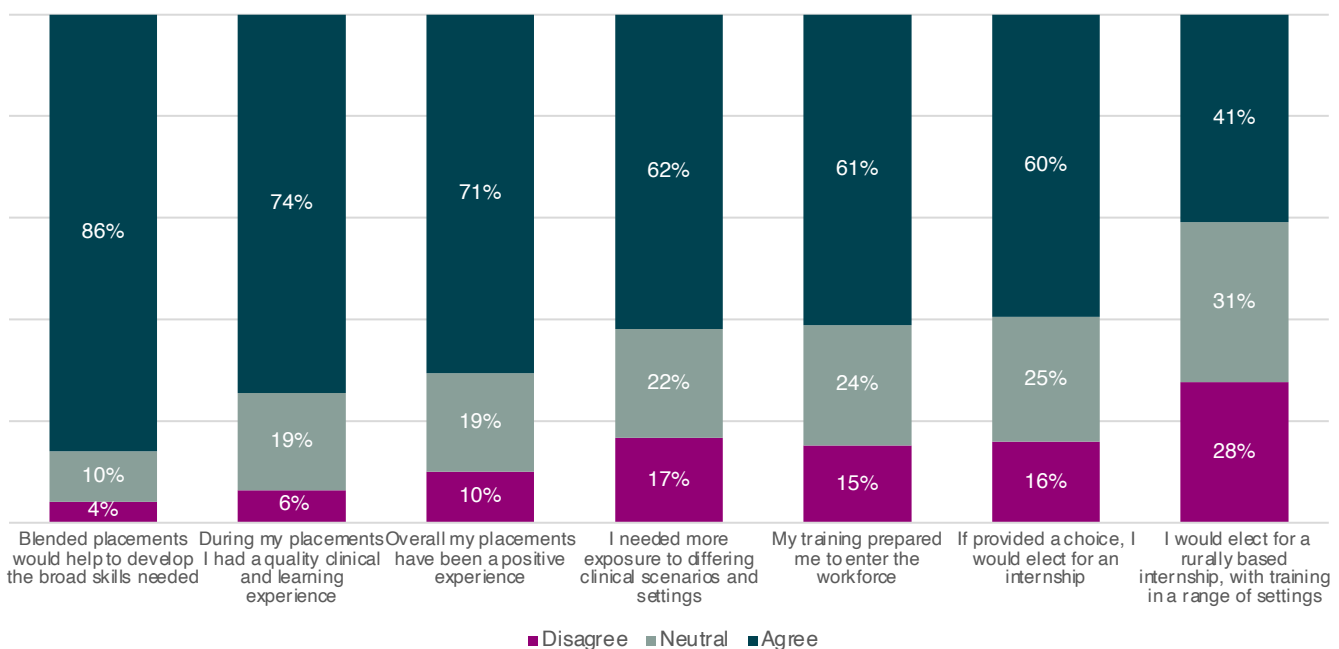
Interestingly, responding graduates who were trained overseas are significantly more likely to

agree that their training experiences prepared them to enter the workforce (86%) than were those trained in Australia (55%), further highlighting the need for more varied placement experiences in Australia.

When asked about internships, 60% indicated they would elect for an internship if given a choice, with 41% specifying that they would elect for a rurally based internship. Although it should be noted that rurally based internships are significantly more appealing to those who already live rurally (63%) than for those who live in metropolitan areas (31%).

While placements have been positive and important learning experiences, there is a strong call for more blended and varied experiences as part of the training pathway in future.

Fig. 21: Training Pathway Experiences





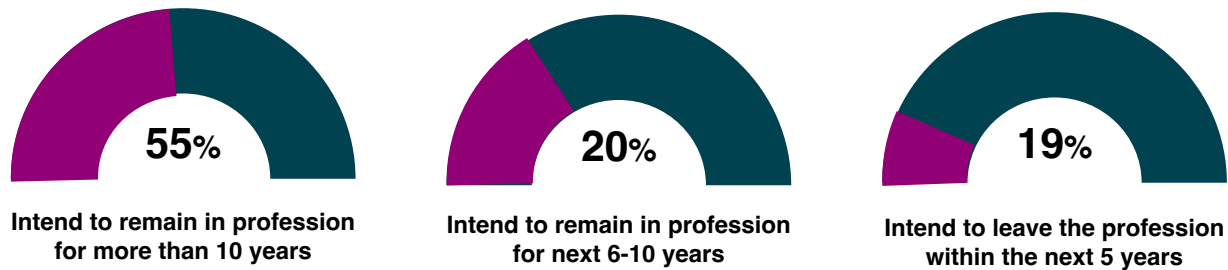
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Building Capacity

Building Capacity

Three quarters of respondents intend to remain in the profession for the next 5 years, with commensurate remuneration and job satisfaction are key decision drivers.

Fig. 22: Intention to Remain



Career Intentions

A considerable majority of physiotherapists, influenced by factors like remuneration and job satisfaction, intend to stay in their profession for over five years. Over four in five of those who feel fairly remunerated (82%) and 81% with high job satisfaction are likely to remain, compared to 69% and 53% respectively for those who don't share these

sentiments. There are also differences by clinical, with 86% of those in paediatrics inclined to stay for over five years, compared with 53% among those not in clinical work.

Among the 19% who plan to leave in under 5 years, only 2% plan to leave within the next 12 months.

Table 25: Intention to Remain, by Career Stage, Gender and Region

	Sample	Less than 1 year	1-2 years	3-5 years	6-10 years	More than 10 years	Unsure
Total	3134	2%	5%	12%	20%	55%	6%
Foundation	281	3%	5%	9%	12%	61%	11%
Intermediate	1430	2%	5%	12%	21%	55%	6%
Highly developed	1202	1%	5%	12%	20%	56%	5%
Expert	213	3%	3%	16%	30%	43%	4%
Female	958	3%	4%	11%	18%	56%	7%
Male	2167	2%	5%	12%	21%	55%	6%
Metropolitan	2152	2%	5%	12%	20%	54%	7%
Regional	493	2%	3%	12%	17%	61%	5%
Rural	452	2%	6%	12%	21%	56%	3%
Remote	37	7%	9%	12%	11%	50%	11%

Result is significantly higher / lower than average

Inadequate remuneration, burnout and a lack of career progression are key reasons for leaving the profession, particularly among less experienced physiotherapists.

Reasons for Leaving

Unsurprisingly, the key reasons cited for an intention to leave the profession vary considerably by career stage. While 31% of members overall are considering retirement in the next 5 years, this rises to 53% of those who are highly developed or experts in their field.

By contrast, less experienced physiotherapists are more likely to be driven to leave the profession by inadequate remuneration (59%), burnout (46%), a lack of career support (14%) and not feeling a sense of achievement (13%).

Overall, one in four members also cited a lack of career progression in the industry as being a key factor in their decision to leave.

Other nominated reasons for leaving include illness,

injury and family circumstances or needs, travel aspirations, and further study or career advancement opportunities.

Distinct variations are evident across demographics and specialisations. Concerns about job security are more pronounced in gerontology (10%) and aged care (13%). Gender differences are also notable, with 58% of males citing poor remuneration compared to 38% of females, and 33% of males mentioning lack of career progression versus 20% of females. Females, by contrast, are more likely to be considering retirement (37% vs 20% in males).

Among business owners, the most common reason for leaving the profession is retirement (60%, compared with only 22% of those who do not own a physiotherapy practice or business).

Table 26: Reasons for Considering Leaving Physiotherapy

	Total	Foundation	Intermediate	Highly developed	Expert
Sample	955	80	424	387	75
Inadequate remuneration	45%	59%	48%	37%	17%
Mental burnout	32%	46%	34%	25%	18%
Considering retirement	31%	3%	24%	50%	68%
Lack of career progression	24%	25%	27%	22%	14%
Poor work life balance	17%	26%	18%	13%	5%
Too physically demanding	12%	18%	12%	10%	0%
Work is not fulfilling or meaningful	11%	15%	11%	10%	9%
Lack of recognition	10%	8%	9%	12%	12%
Lack of career support and mentoring	7%	14%	8%	2%	3%
No sense of achievement	7%	13%	7%	4%	2%
Not mentally stimulating	6%	10%	7%	2%	2%
Lack of job security	3%	5%	3%	1%	2%
Other	9%	8%	9%	8%	11%

Result is significantly higher / lower than average

Q. Can you tell us why you are unsure or considering leaving the physiotherapy profession within the next five years? n=955



While many physiotherapists are looking to ‘ease into retirement’, others are seeking careers with higher remuneration and better career progression.

Physiotherapists looking to leave the profession were also asked to provide additional information in their own words about why they intend to leave, and the type of career they are seeking.

Among those members looking to retire, many indicated that their preference is to ‘ease into retirement’ by either moving to part-time first, or undertaking locum positions in rural areas as they transition out of the workforce.

For physiotherapists who are planning to leave, but not yet ready to retire, they commonly indicated they are looking to move to a career with better

remuneration. They feel physiotherapists are not paid enough for their skill and experience, with many also citing burnout and a lack of support as key factors for leaving the profession.

Other commonly cited factors contributing to physiotherapists desire to leave the profession include a lack of career progression (particularly among younger physiotherapists), and an inability to keep up with the physical demands of the profession (particularly among older physiotherapists).

Administrative burdens, workload expectations and difficulties managing a flexible work-life balance are contributing factors for a smaller proportion of physiotherapists, with some others concerned physiotherapy in general is not valued or respected by other health care professionals.

Most physiotherapists seeking to leave the profession are looking for a non-clinical role within the health field.

Some physiotherapists are looking to or considering a transition to other clinical health areas, citing reasons such as wanting to provide more 'holistic' care, wanting to pursue a different area of interest, or wanting to incorporate their skills and knowledge into a new area. Most commonly, these physiotherapists indicated a desire to move into medicine or paramedicine, although others are also looking at psychology, fitness (e.g. yoga, pilates), or emergency services.

A larger proportion of physiotherapists indicated that they are looking to move into a non-clinical role in health care. Most commonly these were management,

consultancy, health specific education or research related roles, although a high proportion are also looking at working in the public health space. For many of these physiotherapists, they are looking for something that is fulfilling, but less physically demanding, and potentially offering higher remuneration, than their work as a clinical physiotherapist.

A small group of physiotherapists feel disenfranchised with the health system, and are looking to transition into a role outside of the health industry altogether. Many of these physiotherapists feel that they are not being paid enough for the amount of work they do, or feel that they are burnt out and ready for a change. A number of different career opportunities were cited by these individuals, including IT, data science and statistics, property management, law and general teaching.

"I would like to find a role where I don't constantly feel overworked due to staff shortages and low pay.

I also recognise that retirement age is increasing. I would prefer to be in a less physically demanding role, where I could continue working comfortably without putting so much demand on body well into retirement age."

Public Health, TAS

"I find our role as physiotherapists has shifted to being more mentally demanding for the therapist taking on all the psychosocial challenges for clients. Working in complex chronic areas like I do is exhausting and I am losing my enjoyment of helping people. I don't have a particular career I'd prefer, but maybe moving into non-clinical work to begin with."

Private Practice, VIC

"A severe lack of adequate remuneration and training within the private practice setting, combined with unreasonable clinical and non-clinical workload relative to the time worked and pay. A culture of self-serving employers that don't value or provide sufficient training and opportunities for career progression.

I'm seeking further career opportunities in psychology / counselling."

Private Practice, QLD



Since I've graduated, I have routinely burnt out with this year being the worst for both my physical and mental health. I have tried new roles and areas of practice with little success. As of this week, I have started in rehab consulting as the remuneration is exponentially better with a strong work life balance. If the clinical setting offered this, I would consider moving back but for my health I've had to step away which is extremely upsetting for me.

Private Practice, NSW



One in ten physiotherapists are currently undertaking study outside of physiotherapy, with most doing so to advance their skills and expand their offering to clients.

External Study

Overall, 10% of members indicated that they are currently undertaking study outside of physiotherapy. Most commonly, they are undertaking study that will either advance their skills as a physiotherapist by expanding the physiotherapy and/or health services they are able to offer. A number are also undertaking courses to help better understand how to start and/or manage their own physiotherapy practice, such as business, management and leadership courses.

Smaller proportions indicated that they are undertaking study in another area of health, such as sport coaching, public health, nutrition and mental health. While some of these physiotherapists are undertaking this study to help expand their offerings, most are doing so in preparation for leaving the profession.

Other non-health related subjects that are commonly studied include finance, IT, data related courses, and education and training.

Intention to Pursue the Physiotherapy Career Pathway

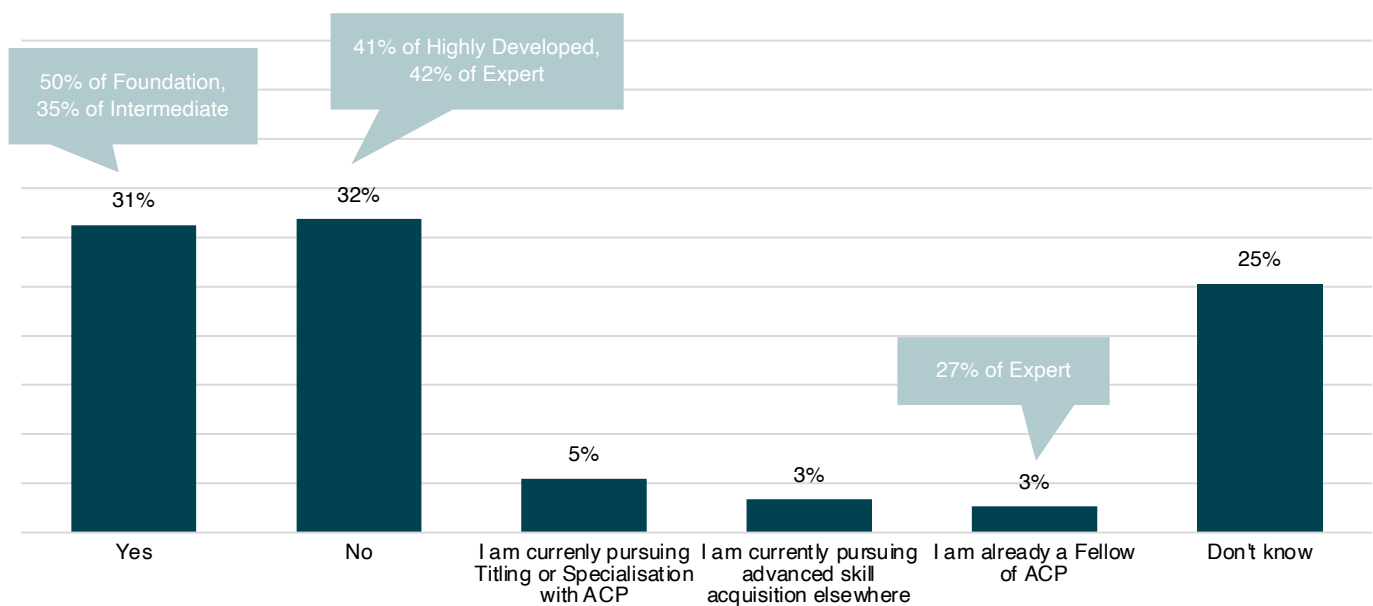
Around three in ten physiotherapists intend to pursue the Physiotherapy Career Pathway, with this proportion rising to 50% of those in their foundation years, and 62% of those working in residential aged care.

By contrast, experts are more likely to either already be a fellow of Australian College of Physiotherapists (27%) or not interested in pursuing the pathway (42%). This suggests that those who are going to pursue this additional qualification will do so in their foundation and/or intermediate years if they do so at all.

Over half (54%) of members with overseas qualifications intend to pursue the Physiotherapy Career Pathway, compared to 24% of those who qualified in Australia.

Interest in pursuing the physiotherapy career pathway also seems to increase the further out someone works, with 46% of those in remote, 34% in rural and 38% of those in regional areas interested, compared with only 28% in metropolitan areas.

Fig. 23: Intention to Pursue the Physiotherapy Career Pathway



Q. Are you currently undertaking study outside of physiotherapy? n=3256 | Q. What field of study are you pursuing? n=329 comments | Q. Do you intend to pursue the Physiotherapy Career Pathway or similar advanced skill acquisition in the future? n=3257

Table 27: Barriers to Further Study

	Total	Foundation	Intermediate	Highly developed	Expert
Sample	2055	142	948	860	118
No higher salary for study	46%	32%	46%	52%	38%
Lack of financial incentives	44%	34%	45%	46%	39%
Time commitment to great	40%	41%	44%	37%	17%
Financial barrier	37%	38%	40%	35%	19%
No change to job title	32%	15%	34%	35%	33%
Content in current role	27%	23%	27%	27%	25%
No public recognition	26%	14%	22%	35%	20%
Funding models don't recognise	22%	14%	19%	28%	25%
Not required for promotion	21%	11%	20%	25%	26%
Lack of clarity on "senior" title	17%	26%	18%	14%	8%
No study leave	16%	15%	20%	13%	8%
Personal reasons	16%	13%	18%	16%	5%
Not interested	14%	21%	14%	13%	7%
Lack of clarity on pathways	13%	23%	16%	8%	7%
Lack of professional support	6%	2%	7%	5%	2%
Other	12%	10%	9%	14%	33%
Don't know	1%	4%	1%	1%	1%

Result is significantly higher / lower than average

Barriers to Further Study

Lack of higher salary or financial incentives key barriers for pursuing further study among physiotherapists.

There are several barriers that affect the pursuit of further physiotherapy related education. The lack of a higher salary for additional study discourages 46% of physiotherapists, while 44% are deterred by the lack of financial incentives and 37% by financial barriers in general. Time commitment is a significant barrier for 40%, with the fact that there is no change to job titles a deterrent for 32% of physiotherapists.

Male physiotherapists and those highly developed in their career are more likely to cite financial and

recognition related reasons as barriers for undertaking further study. By contrast, females are more likely to be hindered by personal reasons, with those in the foundation or intermediate career stages most likely to cite time constraints, a lack of interest or study leave, or uncertainty around study pathways.

Other commonly nominated barriers include being close to retirement age, already holding a PhD or Masters level qualification, or no specific pathway being available in their area of specialisation.



Barriers to Working Rurally

Overall, 35% of respondents expressed willingness to work rurally, with 45% unwilling, and 20% unsure. In addition, there was notable variation by career stage, with foundation level professionals showing the highest willingness for rural work (45%), decreasing to 26% among experts. This trend suggests that earlier career stages might be more open to rural opportunities.

Interestingly, those currently working in regional areas (49%) are significantly more likely to be willing to work in a rural or remote area than are those in metropolitan locations (29%). This might reflect a greater familiarity and comfort with non-urban areas from those already working outside of major cities.

The main barriers to working rurally include distance from family and friends (62%), leaving social networks (33%), and financial commitment to move (29%). Metropolitan based members are most concerned

about the distance from their social connections and being in an unfamiliar setting. By contrast, regionally based physiotherapists are more concerned about moving even further away from professional development and work opportunities.

Foundation level physiotherapists showed slightly higher concerns about moving away from social networks and financial commitments, which could be attributed to their potentially younger age and less established personal and financial situations.

Other barriers identified include personal and family commitments (such as children's education, sporting commitments and partner's work), concerns about access to other health services, and a lack of career opportunities or roles in their area of specialisation.

One in three physiotherapists are willing to work rurally, although distance from family and friends is the biggest barrier to this occurring.

Top Three Barriers to Working Rurally



62%

Distance from family and friends



33%

Leaving social networks



29%

Financial commitment to move

Table 28: Barriers to Working Rurally

	Overall	Foundation	Intermediate	Highly developed	Expert	Female	Male	Metro	Regional	Australia	Overseas
Sample	1456	192	607	495	85	1027	438	973	316	1016	362
Distance from family and friends	62%	65%	65%	56%	46%	62%	62%	67%	53%	65%	52%
Leaving social networks	33%	41%	35%	30%	24%	31%	39%	38%	27%	38%	24%
Financial commitment to move	29%	36%	28%	24%	15%	27%	35%	29%	26%	29%	24%
Leaving professional networks	23%	20%	24%	29%	19%	21%	29%	27%	23%	27%	18%
Moving to unfamiliar setting	21%	30%	22%	12%	11%	22%	18%	22%	14%	19%	24%
Lack of professional support	15%	19%	15%	10%	7%	16%	13%	13%	17%	14%	15%
Lack of professional development	15%	13%	15%	12%	5%	14%	16%	9%	25%	11%	19%
Availability of permanent work	10%	11%	10%	9%	8%	10%	9%	8%	14%	8%	15%
Other	14%	12%	12%	19%	25%	14%	12%	15%	13%	16%	10%
None of the above	7%	3%	6%	10%	11%	8%	5%	4%	11%	6%	11%

Result is significantly higher / lower than average



Almost half of physiotherapists would like more financial support and/or higher remuneration to assist with a move to a rural workplace.

Support Required to Work Rurally

Financial support and remuneration are the most commonly cited factors that members would like to support them moving to a rural or remote location, particularly among male respondents. By contrast, females are more likely to indicate that they would like professional support and mentoring (25%) and/or training to help develop a rural specific skill set (20%) than their male counterparts.

Support and training factors are also important to physiotherapists in the foundation stages of their career, along with a reduction in their HELP Fees. Intermediate level physiotherapists, by contrast, are

more focused on career progression opportunities and an increase in their remuneration packages than their more experienced colleagues.

Other support factors nominated by 5% of responding physiotherapists include accommodation support, assistance with accessing schools and/or health services for family members, and support to find work for their spouse.

Around half of physiotherapists would like more financial support and/or higher remuneration to assist with a move to a rural workplace.

Table 29: Support Required to Work Rurally

	Overall	Foundation	Intermediate	Highly developed	Expert	Female	Male	Metro	Regional	Australia	Overseas
Sample	1449	192	602	487	83	1014	436	968	310	1003	360
Higher remuneration	58%	58%	65%	58%	45%	55%	64%	63%	59%	63%	55%
Financial support to relocate	49%	54%	48%	46%	47%	46%	53%	51%	43%	50%	45%
Career progression with advanced skill acquisition	31%	32%	33%	25%	11%	29%	34%	29%	31%	27%	36%
Professional support and mentoring	23%	33%	21%	12%	5%	25%	18%	19%	21%	19%	22%
Scholarships / grants to cover moving fees	21%	25%	22%	18%	10%	22%	19%	20%	24%	21%	20%
Reduction in HELP Fees	20%	31%	18%	12%	3%	18%	23%	20%	16%	25%	1%
Training to develop a rural specific skill set	17%	25%	15%	11%	10%	20%	11%	15%	16%	14%	19%
PD allowance	16%	13%	17%	15%	13%	17%	15%	14%	18%	14%	20%
Other	5%	3%	4%	7%	17%	5%	4%	5%	5%	5%	5%
None of the above	11%	4%	11%	18%	32%	12%	10%	12%	14%	11%	14%

Result is significantly higher / lower than average



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Running a Physiotherapy Business

Running a Physiotherapy Business

Private Health Insurance and patient payments make up half of physiotherapy practice income streams.

Business Income Streams

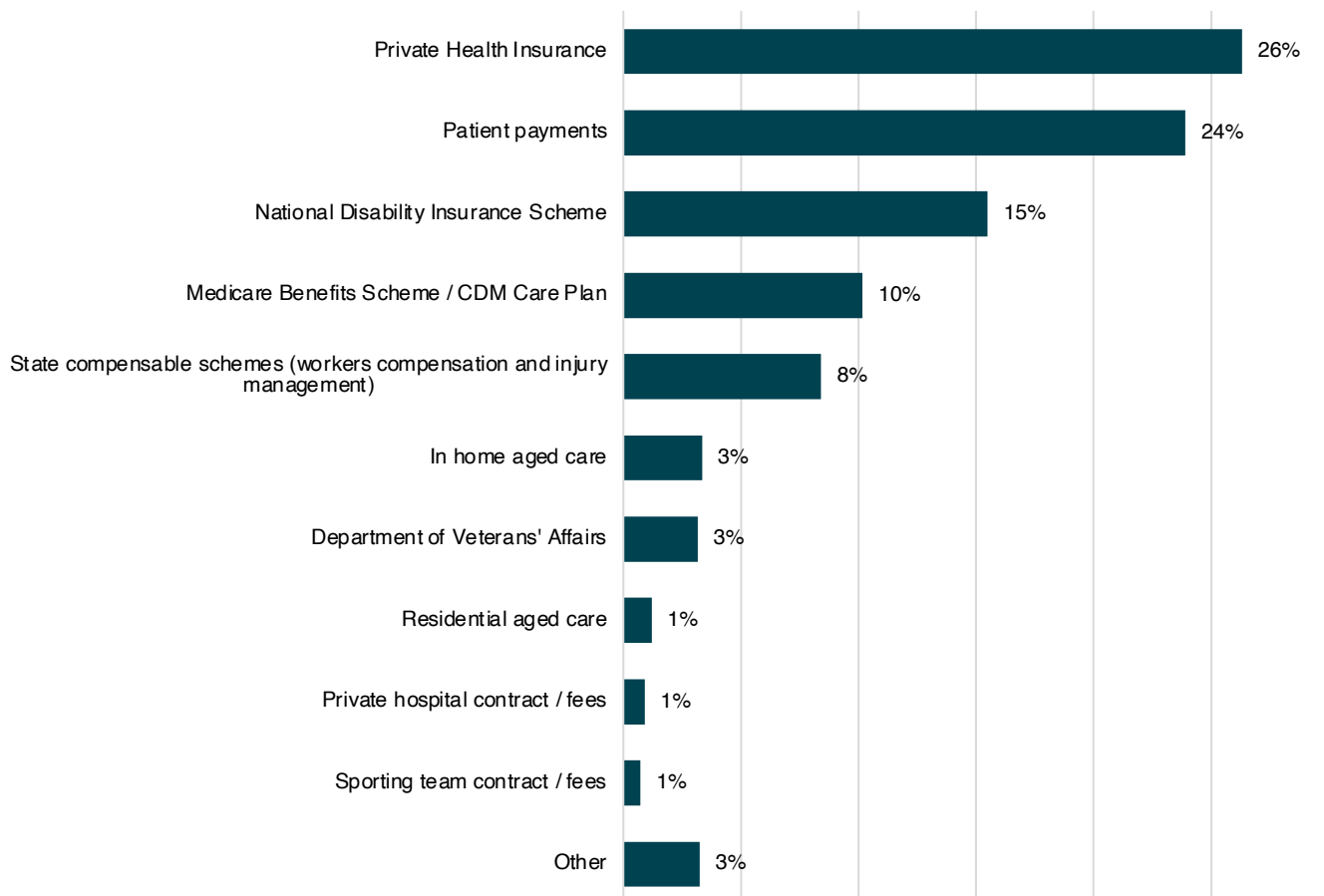
One in four respondents (25%) indicated that they own a physiotherapy business, accounting for 1,014 physiotherapists.

Of these respondents, around one-quarter indicated that their business income is largely derived from Private Health Insurance (26%) or patient payments (24%). Injury, disability and illness related payments, including NDIS, Medicare Benefits Scheme and

workers compensation, make up a further 34% of all incomes for these businesses.

Other commonly mentioned income streams by 3% of responding physiotherapy practice owners include consultancy and assessment work, government and research organisation grants, lecturing and training opportunities and sale of physiotherapy related tools and stock to their patients.

Fig. 24: Proportion of Average Annual Income Attributable to Different Income Streams



Q. Do you own a physiotherapy practice or business? n=3414 | Q. How much of your annual income is reliant on each of the following income streams? n=1014 | Q. Please specify your other income streams. n=114 free text comments

Workforce supply issues and competition from emerging disciplines are the biggest factors impacting on business viability for physiotherapy practices.

Factors Impacting Business Viability

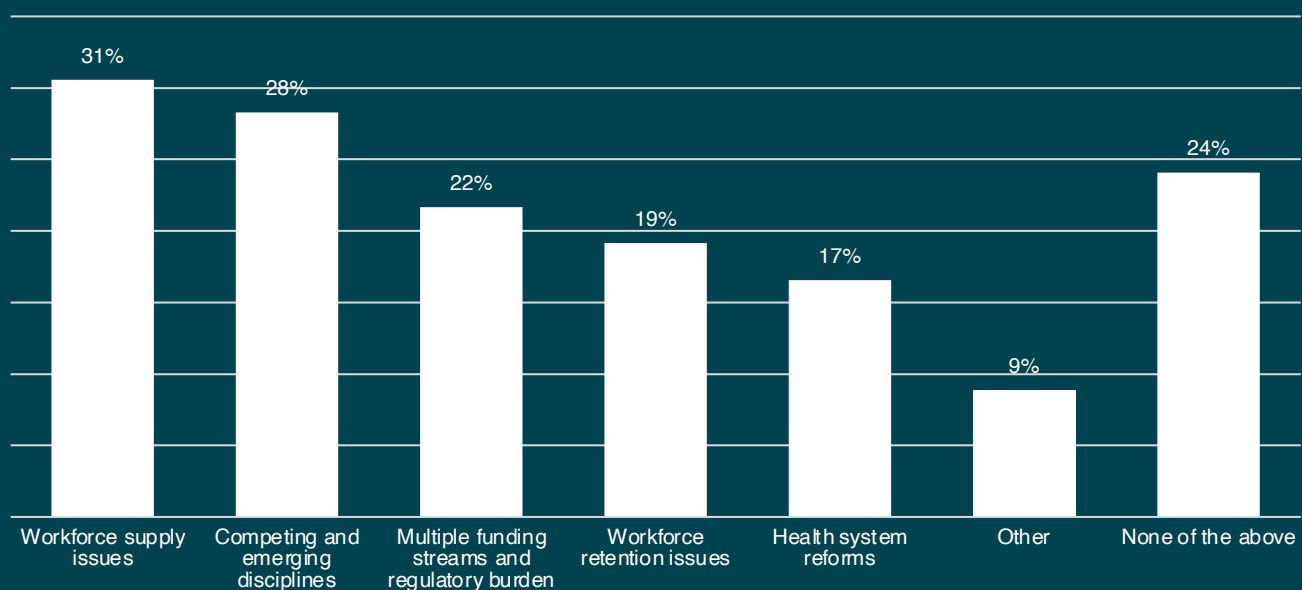
While three in ten physiotherapy practices are impacted by workforce supply issues (31%), a smaller 19% are concerned about retaining their workforce. Interestingly, workforce supply is a particularly strong issue for practices specialising in musculoskeletal areas (37%), whereas only 2% of those who specialise in disability have issues with finding staff.

Competition from emerging disciplines is an issue for 28% of physiotherapy businesses, with very little difference by clinical area, suggesting that other disciplines and roles who compete with physiotherapists do so across the board.

The burden of multiple funding streams and regulations is an issue for 22% of businesses, with health system reforms impacting on 17% overall. Positively, one in four felt that their businesses viability is not currently being impacted.

Among the 9% who nominated a different factor, these were wide ranging and include rent and other overheads, managing cost of living expenses and client ability to pay costs, concerns that funding bodies no longer pay commensurately based on the level of care provided, and managing the ongoing impact of Covid on their business and clients.

Fig. 25: Factors Impacting Business Viability



Workforce Supply Issues

Over half of physiotherapy practices who cited having workforce supply issues indicated that they are finding it hard to recruit experienced clinicians (64%).

One in three are struggling to recruit new graduates, with this rising to 64% of those in rural and remote

areas, compared with 37% in regional and 20% in metropolitan locations.

Three in ten are also concerned about the low standard of clinical skill and competencies they have encountered from graduates.

Fig. 26: Workforce Supply Issues

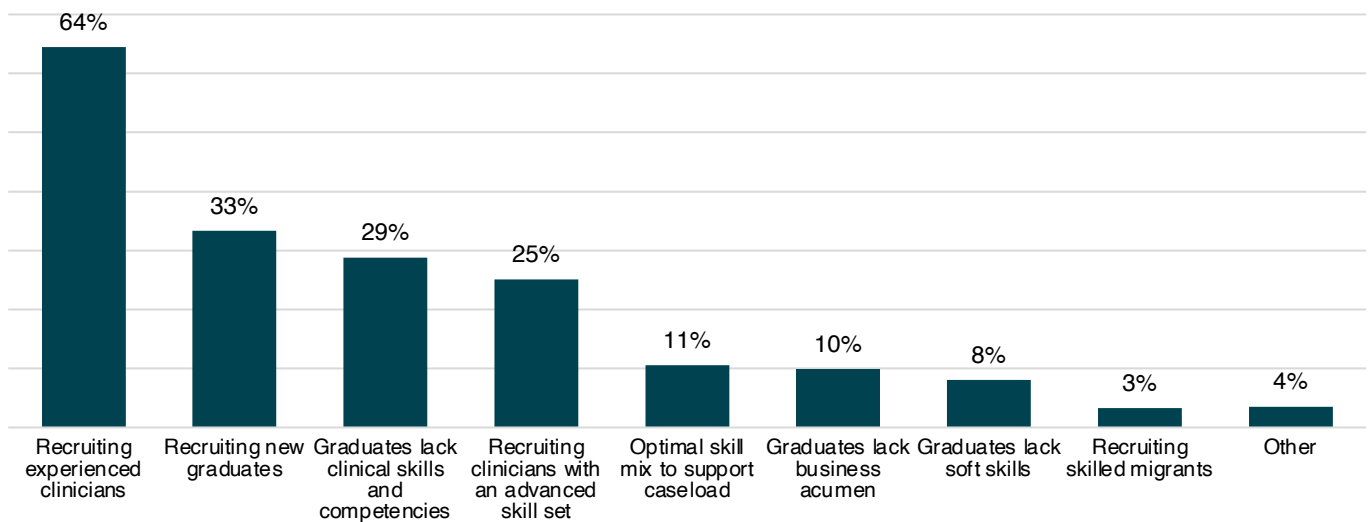


Table 30: Workforce Supply Issues, by Region

	Metropolitan	Regional Centre	Rural Town	Remote Area
Sample	177	43	71	5
Difficulty recruiting experienced clinicians	64%	76%	57%	-
Difficulty recruiting new graduates	20%	37%	65%	-
Graduate readiness - low standard of clinical skills	32%	31%	18%	-
Difficulty recruiting clinicians with advanced skill set	27%	24%	25%	-
Optimal skill mix to support practice caseload	13%	5%	7%	-
Graduate readiness – lack of business acumen	12%	13%	3%	-
Graduate readiness – lack of soft skills	11%	4%	3%	-
Difficulty recruiting skilled migrants	5%	0%	1%	-

Result is significantly higher / lower than average

Competing Disciplines / Roles

Exercise physiology poses a threat to 78% of firms impacted by competition, with only 21% feeling that fitness instructors are a threat to their business viability.

While occupational therapy is a threat for only 16% of businesses overall, this increases to 68% of those working in paediatrics and 61% working in the

disability sector.

Other commonly cited competing disciplines from 26% of physiotherapy business owners include chiropractic, massage and myotherapy, and osteopathy.

Fig. 27: Competing Disciplines / Roles

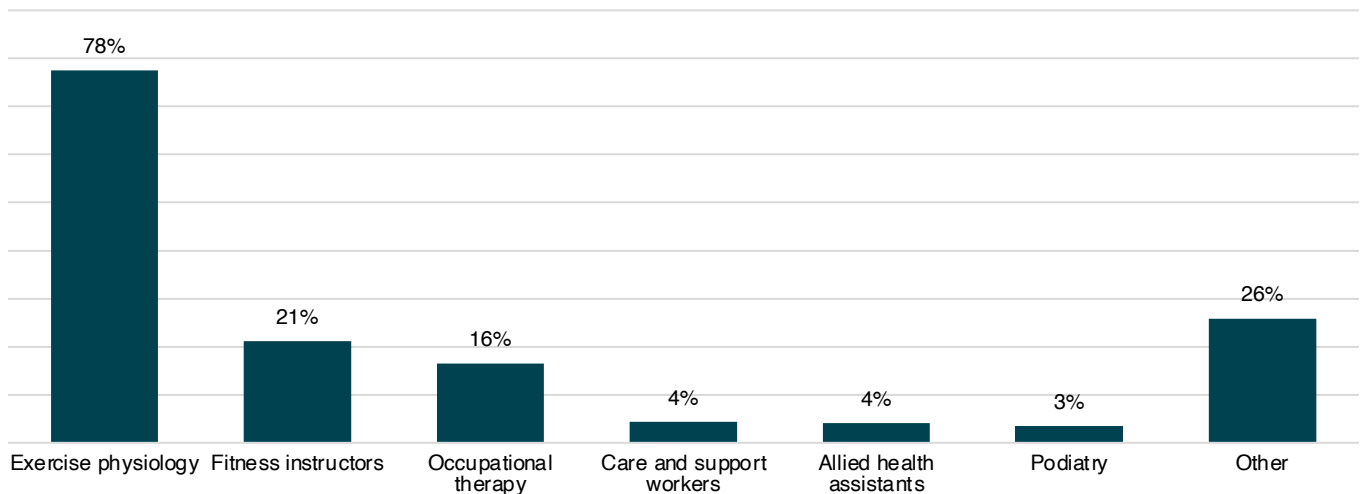


Table 31: Competing Disciplines / Roles, by Specialty

	Musculoskeletal	Generalist	Gerontology	Neurological	Paediatric	Disability	Women's, Men's and Pelvic Health	Sports & Exercise
Sample	154	34	12	12	11	11	13	22
Exercise physiology	77%	88%	85%	93%	80%	77%	51%	87%
Fitness instructors	19%	38%	25%	14%	7%	10%	9%	26%
Occupational therapy	10%	13%	50%	7%	68%	61%	13%	3%
Care and support workers	3%	3%	13%	0%	13%	10%	0%	5%
Allied health assistants	3%	3%	15%	7%	18%	16%	0%	0%
Podiatry	4%	2%	0%	0%	0%	0%	0%	14%
Other	32%	14%	0%	0%	0%	7%	54%	25%

Result is significantly higher / lower than average

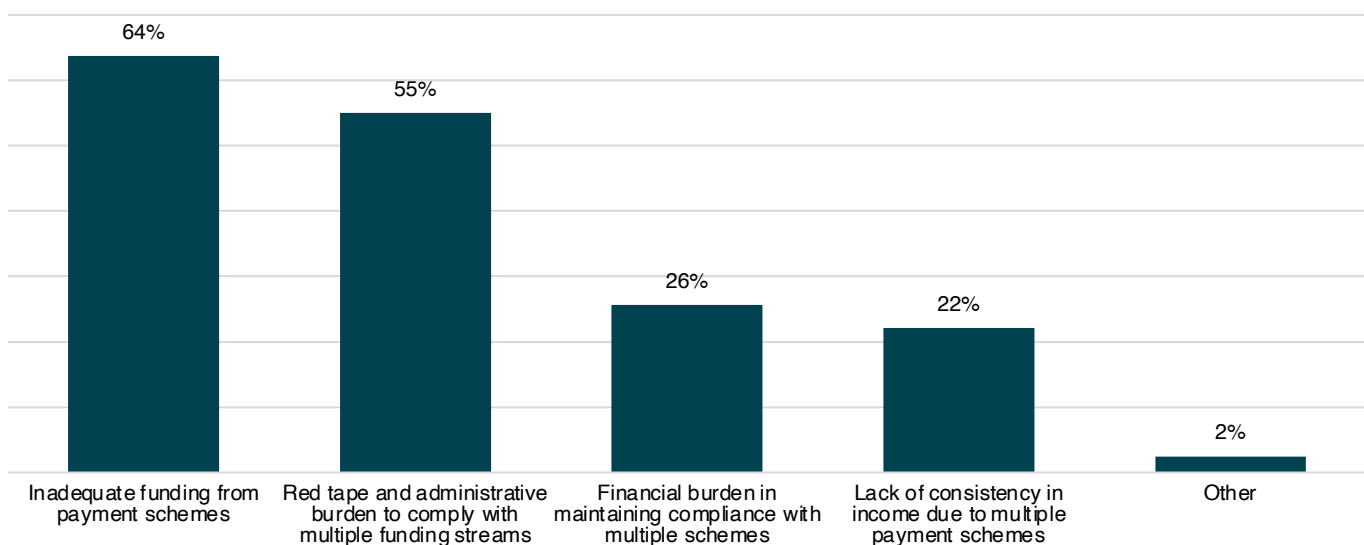


Multiple Funding Streams

Over half of all businesses impacted by multiple funding streams cited inadequate funding from payment schemes (64%) and red tape and administrative burden of compliance (55%) as key factors impacting their

businesses viability. The financial burden of maintaining compliance with multiple schemes is an issue for 26% of these firms, with 22% struggling with a lack of consistency in income from the different schemes.

Fig. 28: Multiple Funding Stream Issues



Q. What aspects of multiple funding streams are impacting on the viability of your business? n=213

Workforce Retention Issues

Among physiotherapy practices having issues retaining staff, around two in three are struggling to retain their experienced clinicians (64%).

A further 44% are finding it hard to retain new graduates, with 32% having difficulties retaining

clinicians with an advanced skill set.

Free text comments suggest that it is particularly hard for firms in rural and remote areas to retain employees across all skill levels.

Fig. 29: Workforce Retention Issues

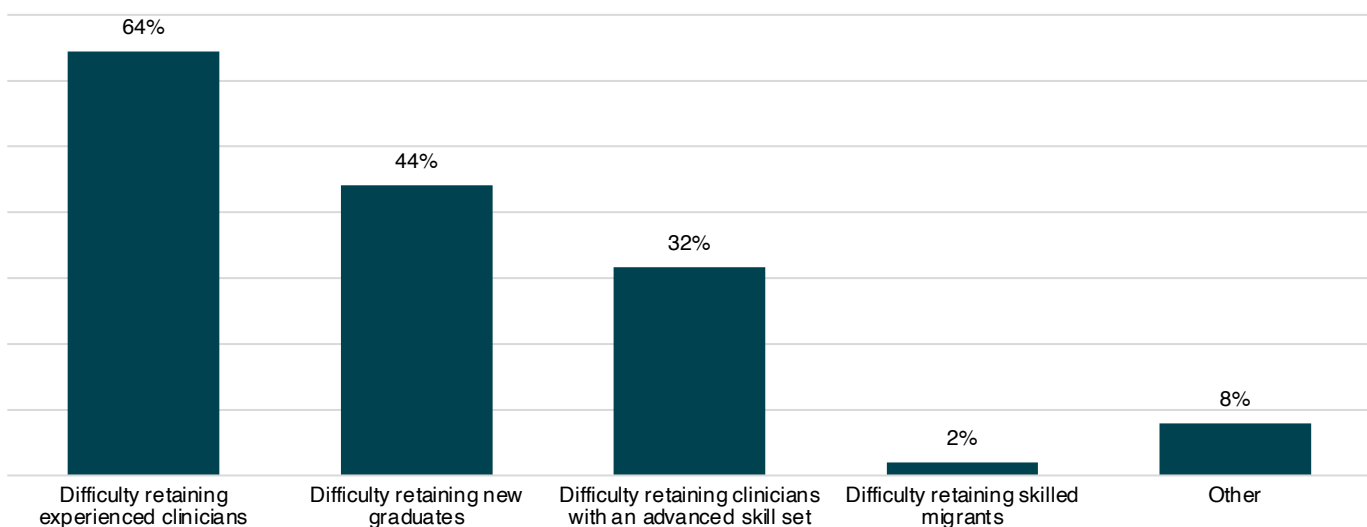


Table 32: Workforce Retention Issues, by Region

	Metropolitan	Regional Centre	Rural Town	Remote Area
Sample	119	22 *	49 *	2
Difficulty retaining experienced clinicians	59%	77%	73%	-
Difficulty retaining new graduates	40%	55%	50%	-
Difficulty retaining clinicians with advanced skill set	37%	17%	26%	-
Difficulty retaining skilled migrants	1%	0%	4%	-

Result is significantly higher / lower than average

Q. Which workforce retention issues are having the most impact on the viability of your business? n=191

70

* Small sample

Health System Changes

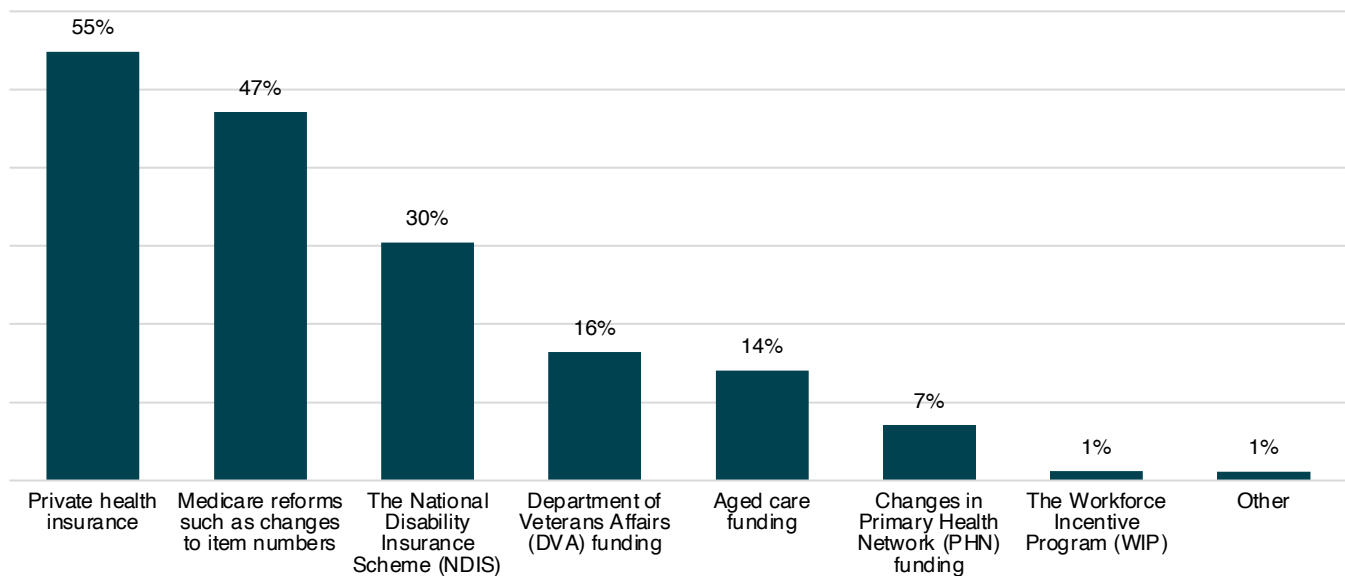
Over half of firms who are impacted by health system changes indicate that changes to private health insurance are having the biggest impact on their firm’s viability (55%), particularly for those providing care for musculoskeletal conditions (76%).

Medicare reforms are impacting 47% of firms, and

30% have concerns about changes to the NDIS, rising to over nine in ten of those in areas of neurology (97%) or paediatrics (93%).

Over four in five firms who provide predominantly gerontology services (86%) are impacted by changes to aged care, compared with 14% overall.

Fig. 30: Health System Changes



Q. Changes to which part of the health system have the potential for the greatest impact on the viability of your business? n=158

About the Australian Physiotherapy Association

With over 31 000 members, the Australian Physiotherapy Association is the peak body representing the interests of Australian physiotherapists and their patients. 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.

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

The 2024 APA Workforce Census was undertaken by Survey Matters, as researchers and authors of the report, in close collaboration with the APA.

If you would like to know more about this report or the work we do, please get in touch via info@australian.physio, or visit australian.physio.



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