



## Special Commission of Inquiry into Healthcare Funding

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# Governor of New South Wales

## Special Commission of Inquiry into Healthcare Funding

Via email to [submissions.HFI@specialcommission.nsw.gov.au](mailto:submissions.HFI@specialcommission.nsw.gov.au)

Submission by the **Australian Physiotherapy Association (APA)**

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## **Acknowledgement of Traditional Owners**

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

## About the Australian Physiotherapy Association

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

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

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## 1. Executive Summary

### Introduction

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Special Commission of Inquiry into the funding of health services provided in NSW, and related matters (“the Inquiry”). The APA commends the NSW Government on its reform focus, and having the policy courage to take this once in a generation look at how our health system is funded to ensure patients and our essential healthcare workers get the support they need.

Physiotherapists work across the whole spectrum of the health sector, including public hospitals and clinics, private practice and community health, as well as across a range of areas including paediatrics, rehabilitation, neurology, and women’s health.

It is estimated that around 11.9 million physiotherapy services were provided under private health insurance in 2019-20, plus 2.9 million through the MBS in addition to services paid for out-of-pocket by patients.

Since 2013, physiotherapy has grown from being a \$1.5 billion industry made up of around 4,200 businesses to a nearly \$2.2 billion industry made up of more than 7,000 businesses. The physiotherapy profession supports a burgeoning workforce. In 2020 there were 35,392 physiotherapists registered with the Physiotherapy Board of Australia, with many more workers in supporting employment.

Treatments by physiotherapists deliver benefits to patients, reduce health costs, and improve efficiencies – all key aims of this Inquiry. Physiotherapy interventions are clinically effective and deliver net economic benefits, with quality of life improvements demonstrated to exceed treatment costs. Two Economic Benefits of Physiotherapy studies by the Nous Group, one here in Australia and the other in the USA, confirm the APA evidence: see <https://australian.physio/advocacy/economic-value> and <https://www.valueofpt.com/>

Physiotherapy treatment results in reduced pain, increased mobility, reduced burden of disease and longer life expectancy – and avoided future costs of healthcare. Avoided costs attributable to physiotherapy result in savings to private insurers, state and federal compensable schemes, and state and federal healthcare systems.

Physiotherapy is also a valuable and cost-effective alternative to other more costly interventions, such as surgery for osteoarthritis, and as a complementary therapy for pre- and post-surgery interventions. A cost-benefit analysis of 11 common conditions [reference the Nous report] showed the net benefits that NSW Health could make by adopting physiotherapy alternatives and interventions.

We believe everyone should have access to safe, high-quality physiotherapy in order to live healthily and well. We recognise that the programs funded by the NSW Government are integral to achieving access to physiotherapy.

### APA Position

#### Funding and availability of health services

*The funding and availability of health services continues to be a priority for the people of NSW. As healthcare costs continue to grow, the Government will need to find solutions.*

Reforms to NSW health services will need to address upstream costs in primary care, rather than continue to direct a disproportionate investment in tertiary care. This requires a shift from putting more and more money into inpatient hospital care, in rebalancing care away from the hospital to the primary sector. Instead, the APA calls for the focus to be on improving models of care that can be delivered outside of the hospital system. Such a shift would require much more investment in preventive care and new treatment models delivered in the community, including in-home care, and with it more outpatient ambulatory care on hospital premises.

In supporting this shift, our focus is on driving new models that strengthen care at the primary and acute care interface, and using integrated solutions between hospitals and primary care providers. We see a key reform opportunity in physiotherapy-led non-operative pathways which provide solutions for patients in pain while driving efficiencies into the system and alleviating patient waiting lists.

Primary review and treatment by skilled physiotherapists can help to avoid unnecessary surgical interventions, avoid unnecessary hospitalisation, reduce length of stay for those in hospital, shorten surgical waitlists, and improve patient satisfaction.

The cost (and other) benefits of avoiding surgical procedures and specialist reviews is significant.

Service solutions include physiotherapy-led Orthopaedic Screening Clinics for patients with chronic MSK conditions who do not need immediate surgery and who will benefit from well-coordinated multidisciplinary management.

## Key priority areas

Economic benefits to NSW can be achieved through efficiencies such as moving care from hospitals into primary and community health services, and at the primary and acute care interface. These key policy aims will require a broad set of disciplines.

Physiotherapy is an efficient, although often underutilised, part of the NSW health system. The health benefits and effectiveness of our interventions, and the value we provide to the healthcare sector as a profession, are proven in the research literature. As noted above, the cost-effectiveness of our interventions was also demonstrated through a cost-benefit analysis of 11 common conditions by the Nous Group.<sup>1</sup>

There is strong evidence that physiotherapy treatment is best practice, first line care for the management of many conditions and can assist in preventing unnecessary surgical intervention. Spending on physiotherapy services is therefore an efficient and effective use of NSW health funds.

APA members have identified the priority areas for physiotherapy and are seeking commitments on the following issues.

A brief summary of our five focus areas and corresponding priority asks are summarised below:

### 1. The role of physiotherapy in Urgent Care Clinics.

- 1.1 Urgent Care services offer a unique opportunity to trial physiotherapy in primary care.
- 1.2 Physiotherapy is key to ensuring continuity of care across the primary and acute care interface by contributing to alleviating GP workload and diverting non-life threatening emergencies from EDs.

### 2 Better community care to improve health outcomes for NSW.

- 2.1 Early intervention and prevention with physiotherapy-led health strategies.
- 2.2 A Long Covid rehabilitation pathway.

### 3. Better use of physiotherapists in hospital and community services to improve patient flow.

- 3.1 Continuing development of physiotherapy roles to the full scope of practice, facilitating access and flow.
- 3.2 Expand and implement pre- and post-surgery interventions.

### 4. Prioritising rural physiotherapy.

- 4.1 Strengthen access to rural physiotherapy.
- 4.2 Building a sustainable rural physiotherapy workforce.

### **5. Workforce reform and building a better pipeline to the workforce.**

- 5.1 Valuing skills funding for the physiotherapy workforce to provide upskilling and advanced skill acquisition.
- 5.2 Funding to support clinical placements.

### **Conclusion**

This reform process in NSW should aim to ensure affordable and universal access to best practice health services and value for both the individual patient and the State's health system. The APA shares the vision that every Australian should have access to high quality healthcare and support, regardless of where they live. All Australians deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. This will drive better health outcomes, improve the utilisation of our healthcare resources, and help overcome the inefficiencies in primary care and the hospital sector.

There is significant opportunity within physiotherapy to leverage existing skillsets and scope to address system inefficiencies in primary care. The proposals outlined here will result in a substantial 'return on investment'. They bring substantial value to the community and health system. They are not just spending more money. They are spending money wisely which will 'pay back' over time.



## 2. APA's response to the Terms of Reference (ToR)

### 3.1 Funding matters: Funding to drive high value healthcare.

**ToR A. The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future.**

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#### **APA response to ToR A: funding of health services to drive high value healthcare.**

*Key point: Investing in the physiotherapy workforce is essential to ensure affordable and universal access to best practice health services and value for both the individual patient and the health system.*

The APA welcomes the commitment of the NSW Government towards improving the services communities need and giving healthcare workers the recognition and support they deserve. Government reforms should aim to ensure affordable and universal access to best practice health services and value for both the individual patient and the health system.

Australians deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. This will drive better health outcomes, improve the utilisation of our healthcare resources, and help overcome the inefficiencies in primary care and the hospital sector.

What is currently driving system inefficiencies in NSW (and across Australia) is the complexity of the healthcare system, particularly in financing care, including the federal-state separation; and unless comprehensive state and national reform is undertaken, improving patient outcomes will remain inefficient and overly costly. Investing in preventive care and timely treatment can prevent the need for more costly medical interventions. Instead, the current system defaults to a medical/surgical specialist referral pathway which fosters low-evidence surgical intervention simply because evidence-based first line interventions which are the best clinical alternatives, are not publicly funded or available to all, as well as a lack of public and medical awareness of the best clinical alternatives such as physiotherapy.

Reforms need to address upstream issues in primary care rather than continue to direct a disproportionate investment in tertiary care.

A key reform is working through the complexities of Activity Based Funding (ABF) as a means to incentivise efficient hospital care delivery and resource use, and the need to align broader healthcare funding and incentives towards a more integrated care system that will have a positive impact on patient outcomes. The ABF model, as the framework to guiding investment within the NSW health system, presents challenges for patients receiving care whilst awaiting approval/processing of funding from federally funded services (e.g., NDIS and Aged Care Funding). Added to this is the uncertainty regarding the future of Aged Care Funding and how this might further impact NSW Health.

There is significant opportunity within physiotherapy to leverage existing skillsets and scope to address these systemic inefficiencies. This includes the opportunity to improve access to care at the primary and acute interface through the inclusion of physiotherapists in the staffing and funding models in Medicare Urgent Care Clinics. Again, this is a proven model of care, and some Urgent Care Clinics are utilising appropriately qualified physiotherapists in their Clinics.

Prioritising funding towards physiotherapy-led non-operative pathways to reduce surgical wait-list times, reduce the need for specialist reviews and reduce surgical intervention rates. In addition, significant

opportunities lie in leveraging existing and evidence based advanced practice physiotherapist models established in secondary and tertiary care to improve care pathways in primary care, community care and care at the primary and acute care interface.

### 3.2 Governance matters: Getting governance right to strengthen accountability

#### ToR B. The existing governance and accountability structure of NSW Health, including:

- i. the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);
- ii. the engagement and involvement of local communities in health service development and delivery;
- iii. how governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities;
- iv. the impact of privatisation and outsourcing on the delivery of health services and health outcomes to the people of NSW;
- v. how governance structures can support a sustainable workforce and delivery of high quality, timely, equitable and accessible patient-centred care to improve the health of the NSW population.

#### APA response to ToR B in developing a successful governance structure

*Key point: A key barrier to improving the governance and accountability structures to drive value-based healthcare is the lack of understanding of and potential of the local interventions that work in addressing inequities, and local autonomy to drive change.*

In response to ToR B (i) to (iii), the APA notes the positive collaborative structures that have emerged through more recent reforms, including NSW Integrated Care which has encouraged a more collaborative approach allowing local engagement and integration between PHNs and LHDs strengthening service development at the community level. In addition, the Leading Better Value Care also enables clinicians and networks to work better together on advancing value-based models.

We also acknowledge the role of the NSW Ministry of Health role in directing a collaborative governance model to support local engagement and integration. However, it is the way that we organise our healthcare system that is holding us back from directing the required new ways of working. This includes connecting patients to the most appropriate and cost-effective pathway, and as already stated above and unless comprehensive national reform is undertaken, which is largely driven by the complexity in the funding arrangements, reform will be limited, and patient journeys will remain inefficient.

The Agency for Clinical Innovation has an important role in bringing clinicians, patients, and healthcare planners together to develop and embed new models. However, at the system level, where innovative models exist, equitable service coverage remains problematic across the state. The NSW Model of Care for the Osteoarthritis Chronic Care Program provides an example of innovative collaborative model development that is evidence value based, but that is unfortunately not equitably distributed.

In response to ToR B, (v), we recommend a wider policy lens that can seek opportunities from within the entire health workforce. To achieve strong skills growth, workforce solutions must focus on facilitating wider scopes of practice through leveraging the existing skillsets which are held by a range of regulated health professions. There are much broader economic benefits to be found through moving care from hospitals into primary and community health services, as well as at the primary and acute care interface; however, this key policy objective requires utilising a broad set of health disciplines. Investing in the development of

physiotherapists, for example, is essential to delivering on these commitments and taking the pressures off the high-cost parts of the system.

A greater focus is also required on the improved utilisation of skills through advanced scope of practice roles. This will help address current and future needs as the evidence already exists for the capacity of regulated health professionals working in advanced practice to improve outcomes, experiences and health service efficiency.

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### 3.3 Access matters: Prioritising access to preventive and community health

**ToR C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW.**

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#### APA response to ToR C in driving services towards preventive and community care

*Key point: In putting high-value care to action there are opportunities to leverage the physiotherapy workforce to support healthier lives and drive system-level change to advance health, including as preventive activity over the life cycle to reducing the disease burden.*

The burden of disease - and demands on healthcare - continues to grow at a pace that is above population growth. This requires a different approach and a shift from a reactive to proactive healthcare system, and towards a preventive focus on chronic disease prevention and management. Moving care from hospitals to community care, such as out-patient care, in-home care, and community centres, will create essential benefits to users of the NSW health system, and to the government as a funder of health care.

In shifting from volume to value, it is in physiotherapy and allied health models where solutions are found, however as it currently stands, this is a sector that is inadequately funded or not publicly funded at all. Enabling physiotherapists to work to the full extent of their clinical practice and at advanced skill levels, more can be done to capture the opportunities from within physiotherapy in primary and community healthcare to prevent unnecessary onward referral, hospitalisation and to reduce the length of hospital stays.

There has been significant progress flowing from collaboration between site-based implementers, the Agency for Clinical Innovation and the Ministry for Health, but the funding remains a key barrier.

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### 3.4 Finding efficiencies: Rebalancing care away from hospital to the primary sector

**ToR D. Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency.**

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#### **APA response to ToR D to address escalating costs and minimising wastage.**

##### **Driving efficiencies in lifting existing system barriers.**

As the APA stresses, health practitioners working to their full scope will be better supported to contribute to the health sector, resulting in improvements to patient care, improvements in productivity, reduction in waiting times and resulting efficiencies, reducing costs of care. A more efficient health budget will enable more capacity to invest in preventive measure and other programs for the general population.

Reducing duplication of services and improved patient pathways and recovery timeframes will reduce costs of care, better utilise the workforce, lessen the dependence on welfare, and encourage independence and self-care. Moving care from hospitals to community care such as out-patient care, in-home care and community centres will result in cost savings.

*Key point: The focus needs to be on improving models of care that can be delivered outside of the hospital system.*

Reforms to NSW health will need to address upstream issues in primary care rather than continue to direct a disproportionate investment in tertiary care. This requires a shift from putting more and more money into inpatient hospital care, as well as in rebalancing care away from the hospital to the primary sector. Instead, the focus needs to be on improving models of care that can be delivered outside of the hospital system. This shift requires investment in preventive care and new treatment models delivered in the community, including in-home care, and with it more outpatient ambulatory care on hospital premises.

In supporting this shift, we have focused on driving new models to strengthen care at the primary and acute care interface and using integrated solutions between hospitals and primary care providers. A key reform opportunity lies in physiotherapy-led non-operative pathways to provide solutions for patients in pain while driving efficiencies into the system and alleviating patient waiting lists.

Primary review and treatment by skilled physiotherapists can avoid unnecessary surgical interventions, avoid unnecessary hospitalisation, reduce length of stay in hospital, shorten surgical waitlists and improve patient satisfaction. The cost benefit of avoiding surgical procedures and specialist reviews is significant. Service solutions include physiotherapy-led Orthopaedic Screening Clinics for patients with chronic MSK conditions who do not need immediate surgery and who will benefit from well-coordinated multidisciplinary management.

The APA can provide to the Inquiry expert evidence on these evidence-based physiotherapy-led interventions.

*Key point: Reform success is reliant on how we strategically prioritise access and outcomes—and this will be achieved only through a much stronger focus on equity.*

In addressing access constraints, a much stronger focus of equity is needed, including support for more innovative models of care. This includes a need for stronger investment in publicly funded physiotherapy to increase coverage. The focus now needs to be on integrating prevention into the management and delivery of care, thereby addressing the current skewed incentives and funding model.

### 3.5 Procurement matters: Towards better and more timely care

**ToR E. Opportunities to improve NSW Health procurement process and practice, to enhance support for operational decision-making, service planning and delivery of quality and timely health care, including consideration of supply chain disruptions.**

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#### **APA response to ToR E to enhance procurement process and practice.**

The APA is not able to provide input to ToR E as we are too removed from these processes. We understand that Strategic Procurement oversees this function with a key aim to create a safe and open environment for employees that respects challenging the status quo, innovation and thought leadership. The best way to test progress against these aims would be through a staff satisfaction survey.

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### 3.6 Workforce matters: Capacity of the workforce to address current and future needs.

**ToR F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:**

- i. the distribution of health workers in NSW;
- ii. an examination of existing skills shortages;
- iii. evaluating financial and non-financial factors impacting on the retention and attraction of staff;
- iv. existing employment standards;
- v. the role and scope of workforce accreditation and registration;
- vi. the skill mix, distribution and scope of practice of the health workforce;
- vii. the use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements;
- viii. the relationship between NSW Health agencies and medical practitioners;
- ix. opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives;
- x. the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system;
- xi. opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers;
- xii. current education and training programs for specialist clinicians and their sustainability to meet future needs, including:
  - xiii. placements;
  - xiv. the way training is offered and overseen (including for internationally trained specialists);
  - xv. how colleges support and respond to escalating community demand for services;
  - xvi. the engagement between medical colleges and local health districts and speciality health networks;
  - xvii. how barriers to workforce expansion can be addressed to increase the supply, accessibility and affordability of specialist clinical services in healthcare workers in NSW;
  - xviii. new models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation; and

- xix. any other matter reasonably incidental to a matter referred to in paragraphs A to H, or which the Commissioner believes is reasonably relevant to the inquiry.

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## APA response to ToR F health workforce capacity and ability to address patient needs

### i. the distribution of health workers in NSW;

Significantly more investment is required to secure the next generation of physiotherapists and rural physiotherapists.

One of the main structural problems that is undermining successful health policies is current funding arrangements that fail to deliver a health workforce and training system able to meet current need and future demand. Financial incentives are needed to deliver evidence-based interventions to meet these needs. Strategies to nurture rural retention through a supportive pathway experience must ensure an equal focus on retention to direct supportive policies so that those who stay have the local support structures they need to thrive. This, in turn, will have a positive impact on training and translate to a sustainable workforce able to address maldistribution over time.

Strategies to mobilise the physiotherapy workforce must be prioritised—a national workforce plan is needed to avoid a supply crisis.

At the NSW state level, prioritising skills planning to address a marked gap between early-to-mid-career physiotherapists and those ready to step into advanced scope of practice roles is one of the key outcomes this Inquiry should consider.

A health workforce strategy that encompasses needs assessment and targets for physiotherapy workforce growth is needed. Supply analysis to assess current and future supply and demand is also needed which is reliant on strengthening data and systems to undertake needs analysis. Therefore, the focus at i) needs to extend towards analysis to capture “the distribution of health workers in NSW in consideration of patient complexity data and Socio-economic data and social determinants of health”.

### ii. an examination of existing skills shortages;

A focus on attracting and retaining critical skills through funded supports to enable upskilling and advanced skill acquisition is required.

To build capacity and to ensure future discipline growth, we need more national policy attention paid to a few key factors that influence the short careers of physiotherapists. Issues including poor remuneration, lack of skill recognition and limited career progression factor strongly alongside a lack of peer support.

Develop physiotherapist teaching capacity and provide a more supportive training pathway through funded supports for clinical placements via teaching incentives.

As physiotherapy is an autonomous profession, it is essential that physiotherapists are prepared to enter the workforce upon graduation. Physiotherapy training programs must therefore include funded clinical placements to provide the opportunity for students to implement their learning in a supervised environment. Due to an increasing number of training programs, there is a growing demand for clinical placements. The APA is calling for funding opportunities to support physiotherapy businesses in providing clinical supervision and training.

iii. **evaluating financial and non-financial factors impacting on the retention and attraction of staff;**

The APA has partnered with the Physiotherapy Board of Australia to examine the barriers and enablers to physiotherapy workforce attrition and retention. This research aims to support workforce policies by developing a greater understanding of what factors contribute to physiotherapists leaving the profession. This information will be supplemented by the bi-annual APA workforce census which will monitor workforce trends of the APA membership.

We can provide the Inquiry with the results of this survey when it is completed.

iv. **existing employment standards;**

No response to this ToR, not applicable to APA submission

v. **the role and scope of workforce accreditation and registration;**

No response to this ToR, not applicable to APA submission

vi. **the skill mix, distribution and scope of practice of the health workforce;**

See comments under point (i) for distribution.

We know that escalating costs, changing population needs, and increasing complexity puts increased pressure on primary care systems. In changing the way primary care and community healthcare is delivered, including supporting a greater role for physiotherapists, nurses and other allied health practitioners, we want to see a greater focus on attracting and retaining critical skills and enabling higher-level skills to addressing quality and supply concerns. Initiating reform that enable practitioners to work as close as possible to the top of their scope will obviously deliver broad system benefits. For practitioners, this leads to greater satisfaction and will improve the performance of health systems by lowering overall expenditure. This will also improve access to primary care and community healthcare and, most importantly, lead to better outcomes for patients.

Physiotherapists were identified as key contributors to improving Australia's outdated healthcare system in a recent Grattan Institute report, which outlined the potential of the physiotherapy workforce to improve primary care and increase access. The report outlined key system deficiencies, stating a "very significant gap" between the contribution physiotherapists are able to make and "what funding and policy let them do in Australia" and recommended engaging an "independent commission to remove regulatory barriers that stop primary care workers from safely using all of their skills".<sup>2</sup> Therefore, it is clear that new physiotherapist-led primary care models are reliant on a greater understanding of the role of physiotherapy by funders and health system planners.

vii. **the use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements;**

No response to this ToR, not applicable to APA submission

viii. **the relationship between NSW Health agencies and medical practitioners;**

No response to this ToR, not applicable to APA submission

ix. **opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives;**

[Real reform will be realised by moving beyond filling the gaps to enabling wider service transformation to address unmet patient need.](#)

Non-medical advanced clinical practitioner roles are increasingly being introduced to provide care during diagnosis, treatment and follow up. In the UK, where reforms are more advanced, they are transforming the workforce by leveraging advanced clinical practitioner roles in primary care.

However, in this context, it has been stated that advanced practice roles in primary care need to move beyond a perception of filling the gaps in existing provision to enabling wider service transformation.<sup>3</sup> Instead, physiotherapists working in advanced practice roles must be fully enabled to work, utilising their expertise and skill depth to improve health outcomes.

Specialist physiotherapy services and advanced practice physiotherapists are an under-recognised value-added step between the GP and medical specialist. Increased utilisation of the skills and competencies of these clinicians can positively contribute to the health of Australians who suffer the burden of complex/persistent MSK pain complaints.<sup>4</sup>

The use of advanced practice physiotherapists in primary care settings will provide clinical and cost effectiveness of services for early diagnosis with diagnostic accuracy consistent with medical specialists. The use of advanced practice-led service models will lead to reduced MSK caseloads for medical staff in primary care and community healthcare. It will reduce the number of referrals to specialist services such as orthopaedics, and reduce waiting lists and waiting times for specialist care.

Studies show that AP physiotherapists have high diagnostic agreement with specialists including with surgical findings or medical images, and with orthopaedic surgeons in the diagnosis of MSK conditions, and with paediatric orthopaedic specialists.<sup>5 6</sup> Similarly high levels of diagnostic agreement have also been shown for advanced practice physiotherapists and neurosurgeons in physiotherapy-led low back pain triage clinics.<sup>7</sup>

x. **the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system;**

[Physiotherapy-led non-operative pathways to reduce surgical wait-list times, reduce the need for specialist reviews and reduce surgical intervention rates.](#)

In enabling physiotherapists to work to the full extent of their clinical practice and at advanced skill levels, more can be done to capture the opportunities from within physiotherapy in primary and community healthcare to prevent unnecessary onward referral, hospitalization, and to reduce the length of hospital stays. This is particularly important as a shift from a reactive to proactive healthcare system and towards a preventive focus on chronic disease prevention and management.

And in shifting from volume to value, it is in physiotherapy and allied health models that we find solutions, a sector that is inadequately funded or not publicly funded at all. Instead, our system defaults towards surgical and medication intervention instead of high-quality assessment and implementation of evidence based, guideline recommended first line strategies, which the physiotherapy workforce is ideally equipped to deliver solutions such as non-operative osteoarthritis and back pain care, pre and post-natal care, non-surgical care for ACL tears, and falls prevention in our most vulnerable need to be prioritised.

Non-operative pathways that are led by the physiotherapists work efficiently across many MSK conditions as well as medical and surgical pathways such as urinary incontinence treatment to prevent costly surgical interventions. Primary review and treatment by skilled physiotherapists can help to avoid surgical interventions, avoid hospitalisation, reduce length of stay in hospital, shorten surgical waitlists and improve patient satisfaction. The cost benefit of avoiding surgical procedures and specialist reviews is significant. Service solutions include advanced physiotherapy-led Orthopaedic Screening Clinics for patients with chronic MSK conditions who do not need immediate surgery and who will benefit from well coordination multidisciplinary management.

[Physiotherapy needs to be part of the solution in health system design and in improving efficiencies by advancing team-based care.](#)

Workforce solutions must focus on facilitating wider scopes of practice and ensuring a greater emphasis on multidisciplinary care in the health care system. This cannot be achieved through continued reliance on the current payment models or traditional structures that disincentivise



integration. To address the rural workforce crisis, policy solutions must focus on workforce distribution beyond general practice workforce planning. Strategies to mobilise the physiotherapy workforce must also extend to expanding access for Aboriginal and Torres Strait Islander peoples.

[Develop a new pathway to activate multidisciplinary rapid response teams to support older Australians in the community with emergency help.](#)

Strengthening the breadth and availability of community services for older Australians is key to moving care out of the hospital and into the community. A key policy aim must be to drive multidisciplinary integrated care closer to home. The availability of services must be proportionate to the size of a growing population. Care must reflect their needs regardless of setting, with a core aim to maintain mobility and self-care where possible. Reform being undertaken in the UK through the development of multidisciplinary rapid response teams to support the ageing population in the community with emergency help should be piloted.

xi. **opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers;**

No response to this ToR, not applicable to APA submission

xii. **current education and training programs for specialist clinicians and their sustainability to meet future needs, including:**

xiii. **placements;**

See response against ToR F, (ii).

[Significantly more investment is required to secure the next generation of physiotherapists. This requires a focus on building a sustainable training pathway from early career to advanced practice roles. More attention is needed to ensure that the training pathway encompasses a vertically integrated undergraduate curriculum to improve graduate readiness for practice.](#)

**Invest in a training pipeline to support successful adaptation to practice through a flexible framework of support and training that can be applied at any career stage.**

To attract the next generation of physiotherapists, there is a need to ensure a more supportive pathway experience. This requires a focus on fully funded attraction and support strategies that offer students and graduates the opportunity to experience diverse environments, including in rural communities, and both short- and longer-term placements with time in private practices and in the hospital setting.

**Develop physiotherapist teaching capacity and provide a more supportive training pathway through funded supports for clinical placements via teaching incentives.**

As physiotherapy is an autonomous profession, it is essential that physiotherapists are prepared to enter the workforce upon graduation. Physiotherapy training programs must therefore include funded clinical placements to provide the opportunity for students to implement their learning in a supervised environment. Due to an increasing number of training programs, there is a growing demand for clinical placements. The APA is calling for funding opportunities to support physiotherapy businesses in providing clinical supervision and training.

**Legislative change to address the barriers that prevent physiotherapists from billing against MBS items for supervising a student to treat eligible patients.**

Remove the barriers currently faced by physiotherapists supervising and training our next generation. Legislative change is also required to address the current provisions that prevent physiotherapists from billing against MBS items 10960, 81335 and 82035 for supervising a student to treat eligible patients for the required period of time. These barriers should also be addressed in

the public insurance areas including in the NDIS and DVA and applied more broadly across private health insurance and compensable arenas.

xiv. **the way training is offered and overseen (including for internationally trained specialists);**

Related to point (xiii) and (xiv).

[Direct attraction packages and retention supports for skilled migrant physiotherapists.](#)

Skilled migration remains an important policy lever in rebuilding the health workforce, but this must be balanced by a strong policy focus on growing and retaining domestic supply. A health workforce supplementation policy should aim to address critical skill need and increase workforce supply in under-served locations to address unmet patient need. A more demand-driven system through strengthened data and more targeted skills campaigns and skills alignment should be pursued. There is a need to prioritise reform to the sectors with the highest skill deficits including physiotherapy in aged care. Direct incentives to rural physiotherapy practices is also needed to ensure that they have capacity to support skilled migrants.

xv. **how colleges support and respond to escalating community demand for services;**

No response to this ToR, not applicable to APA submission

xvi. **the engagement between medical colleges and local health districts and specialty health networks;**

No response to this ToR, not applicable to APA submission

xvii. **How barriers to workforce expansion can be addressed to increase the supply, accessibility and affordability of specialist clinical services in healthcare workers in NSW;**

[For strong skills growth, workforce solutions must focus on facilitating wider scopes of practice through leveraging the existing skillsets held by a range of regulated health professions.](#)

A greater focus is also required on the improved utilisation of skills through advanced scope of practice roles to address current and future need where the evidence already exists for the capacity of regulated health professionals working in advanced practice to improve outcomes, experiences and health service efficiency. Using a physiotherapist's full scope of practice will enhance and promote workforce retention and satisfaction by allowing physiotherapists to utilise their full skillset.

xviii. **New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation;**

[Urgent reform is needed to remove the barriers to practice and care to ensure physiotherapists can practice to the full extent of their core education and training, and advanced skills training.](#)

Physiotherapy is critical to improving the patient journey, and to reducing costs, unnecessary servicing and preventable delays. More can be done to capture the opportunities from within physiotherapy in primary and community healthcare to prevent unnecessary onward referral, hospitalisation and to reduce the length of hospital stays. This is particularly important as we shift from a reactive to proactive healthcare system and towards a preventive focus on chronic disease prevention and management. In shifting from volume to value, it is in physiotherapy and allied health models that we find solutions, a sector that is inadequately funded or not publicly funded at all. Instead, our system defaults towards surgical and medication intervention instead of high quality assessment and implementation of evidence based, guideline recommended first line strategies, which the physiotherapy workforce is ideally equipped to deliver.

As a profession, the health benefits and effectiveness of our interventions and the value we provide to the healthcare sector is proven in the research literature. The opportunities for reform include

solutions in primary care, in community care and at the acute and primary care interface in community care. These extend to secondary and tertiary care, from community-led rehabilitation facilities such as intermediate care to sub-acute and post-acute services, and out-of-hospital models of care in the home. Specialist and advanced practice physiotherapists are an under-recognised value-added step between the GP and medical specialist. Increased utilisation of the skills and competencies of these clinicians can positively contribute to the health of Australians who suffer the burden of complex/persistent musculoskeletal (MSK) pain complaints.<sup>8</sup>

- xix. **Any other matter reasonably incidental to a matter referred to in paragraphs A to H, or which the Commissioner believes is reasonably relevant to the inquiry.**

A priority must be placed on the professionally qualified clinical and regulated staff groups, including both doctors and nurses, encompassing several vital allied health professions. This group includes physiotherapy—the fourth largest group of registered primary health care professionals—and we are now facing a supply crisis and in need of urgent nationally directed interventions. Health workforce reform will need a broader focus on skill retention and a level of policy and planning alignment to fully examine the changing profiles. Greater focus on the improved utilisation of skills through advanced scope of practice roles to address current and future workforce issues will be needed. In addition, reform must tackle the existing system complexities including removing barriers to integrated care.

### 3. References

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