

Unleashing the Potential of our Health Workforce

Scope of Practice Review

Response to Issues Paper 1

Via email to ScopeofPracticeReview@Health.gov.au

Submission by the **Australian Physiotherapy Association**

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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 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 APA represents more than 32,500 members. We are the peak body representing the interests of Australian physiotherapists and their patients and a national organisation with state and territory branches and specialty subgroups.

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.

Table of Contents

1. EXECUTIVE SUMMARY	1
Introduction	1
APA Position	1
Response to Issues Paper 1	1
We are not all the same	1
Right care, right time, right place	2
Right skills, right profession	2
Conclusion	2
2. RECOMMENDATIONS	3
3. APA'S RESPONSE TO THE CONSULTATION QUESTIONS	5
Theme 1 Legislation and regulation	5
Q1.1 What do you believe are the key legislative and regulatory reforms which have the potential to most significantly impact health professionals' ability to work to full scope of practice?	5
Q1.2 To what extent do you think a risk-based approach is useful to regulate scope of practice?	5
Q1.3 Please provide any additional comments you have on the risk-based approach to regulation.	5
Q1.4 What do you see as the key barriers to health professionals' authority to make referrals across professions?	6
Theme 2 Employer practices and settings	6
Q2.1 What changes at the employer level would you like to see to enable health professionals to work to full scope of practice?	6
Q2.2 Which particular activities or tasks within health professionals' scope of practice would you particularly like to see increased employer support for?	6
Q2.3 What can employers do to ensure multidisciplinary care teams are better supported at the employer level, in terms of specific workplace policies, procedures, or practices?	7
Theme 3 Education and training	7
Q3.1 What are the key barriers health professionals experience in accessing ongoing education and training or additional skills, authorities or endorsements needed to practice at full scope? You may select multiple responses.	7
Q3.2 If you chose 'other', please provide details.	7
Q3.3 To what extent do you think health professionals' competencies, including additional skills, endorsements or advanced practice, are recognised in their everyday practice and are known to consumers?	8
Q3.4 How could recognition of health professionals' competencies in their everyday practice (including existing or new additional skills, endorsements or advanced practice) be improved?	8
Theme 4 Funding policy	8
Q4.1 Are you aware of specific instances where funding and payment could be provided differently to enhance health professionals' ability to work to full scope of practice? Please provide specific examples.	8
Q4.2 Which alternative funding and payment type do you believe has the greatest potential to strengthen multidisciplinary care and support full scope of practice in the primary health care system?	9
Q4.3 If you selected 'other', please provide details.	9

Q4.4 How do you believe your selected funding type(s) could work to resolve barriers to health professionals working to full scope of practice?	9
Q4.5 To what extent do you believe alternative funding policy approaches create risks or unintended consequences?	9
Q4.6 How do the risks of alternative funding policy approaches compare to the risks of remaining at status quo?	10

Theme 5 Technology	10
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Q5.1 How do you think technology could be used better or differently in primary health care settings to enable health professionals to work to full scope?	10
Q5.2 If existing digital health infrastructure were to be improved, what specific changes or new functions do you think are most necessary to enable health professionals to work to full scope?	10
Q5.3 What risks do you foresee in technology-based strategies to strengthen primary health care providers' ability to work to full scope, and how could these be mitigated?	11

4. REFERENCES	12
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1. EXECUTIVE SUMMARY

Introduction

The Australian Physiotherapy Association (APA) is pleased to provide feedback to **Issues Paper 1** (the Paper) to inform the independent review of scope of practice in primary care as part of the Unleashing the Potential of our Health Workforce (Scope of Practice Review). Our submission addresses the five themes identified to help direct the required reform; we outline the key opportunities and barriers across the themes for advancing physiotherapy scope in primary and community healthcare.

In our first submission, the APA put forward evidenced reform solutions to help drive improvements in health system design, address inequities, and improve efficiencies through advancing team-based care. These were the reform-ready solutions, as was requested. The APA was disappointed not to see this evidence-base included in the Paper beyond direct referral and prescribing. One of the key reforms identified – direct referral – is key and represents a significant reform opportunity. However, this must be targeted to the disciplines that hold the required diagnostic and clinical reasoning skills.

The APA ensured we had a strong physiotherapy leadership group attend the National Roadshow workshops, and we were grateful for this opportunity. Here, in terms of the submission structure, we offer a brief position on what we see to be the critical reform requirements, followed by a formal response to the consultation questions set in Section 3. For ease of access, these responses, provided within the word limit, will also be uploaded to your online survey.

APA Position

Response to Issues Paper 1

To direct a pathway to reform that can strengthen our ability to reduce significant barriers for affordable and accessible healthcare for patients, we need to bolster the foundations and redesign the care journey for patients to have access to team-based primary healthcare. This is where reform begins. Measures are needed to improve access to essential care, reduce out-of-pocket costs and, most importantly, reduce costly and inefficient treatments, all of which have physiotherapy-led solutions.

As a profession, the health benefits and effectiveness of physiotherapy interventions and the value we provide to the healthcare sector is proven. 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 subacute and post-acute services, and out-of-hospital models of care in the home.

We are not all the same

Ensuring practitioners can better work to the full extent of their skills and training needs a very specific discussion around capabilities and roles.

Health Minister Butler has repeatedly said that disciplines working to full scope of practice is the solution to fixing the healthcare system. However, the Minister's reform vision will not be realised by broadening nonmedical professionals into one. We are not all the same. This approach will not improve the quality of primary healthcare to ensure care is designed around the patient, or enable consistent delivery of appropriate care to address critical gaps.

A key requirement in enabling disciplines to work to their full scope is to recognise and provide support for the different roles played by healthcare professions across the patient pathway. Ensuring practitioners can better work to the full extent of their skills and training needs a very specific discussion around capabilities and roles. Delivering safe healthcare requires specific clinical competencies and physiotherapy is key to workforce scope of practice solutions. This was underdone in Issues Paper 1—the evidence-base and value of the more progressive models in addressing significant unmet care were missed in parts.

Right care, right time, right place

Our system often fails to connect the patient to the most clinically appropriate and cost-effective healthcare pathway—the current approach is overly costly, and is rendered ineffective in part because of unnecessary overlap, duplication and medical bureaucracy.

In *Strengthening Medicare*, we need to start funding what matters. This includes utilising the physiotherapy workforce to promote healthier lives and drive systemic changes, aimed at enhancing health and improving care. But the conversation should not begin with funding—it is about driving the required skills aligned to health service need. Similarly for this review, don't start with funding, start with what is the best healthcare possible, then discuss how to fund it.

More coherence in policy settings to address the key barriers to accessing proven and cost-effective interventions will help to address the more complex challenges. The APA advocates for a patient journey in primary care that is accessible, affordable, guarantees the best health outcomes for patients with musculoskeletal conditions, allows practitioners to work at the top of their practice and is fiscally responsible.

As former Premiers Dominic Perrottet and Dan Andrews said (January 2023), we must relieve pressure on EDs and GPs:

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Let's lead with the new way of doing things and what should be the best health care possible, and then let's have the discussion around funding. If we lead with funding we're not going to have a discussion on the right policy.

Right skills, right profession

Clinical leadership for specific reforms needs to be directed to the profession with the most appropriate, clinically evidenced, quality and safe skills to meet the needs of the patient.

The reform being sought is reliant on a workforce plan that identifies the system, health service and workforce priorities to enable the required shifts in primary care. It is important that reform can encompass the required controls to drive change that improves what doctors and other health professionals do, rather than risk any reduction in standards of care. Further, it is essential that reforms leverage the different skillsets within existing scopes rather than risk encroachment and competitive overlapping clinical roles. Therefore, care needs to be directed to the profession with the most appropriate, clinically evidenced, quality and safe skills to meet the needs of the patient.

Across multiple specialty areas in secondary and tertiary care in Australia, including Emergency Departments, musculoskeletal screening services, and pelvic health services, advanced practice physiotherapy models of care have been identified to provide safe and effective care pathways, with low rates of re-presentation.^{1 2} In the UK, direct access to physiotherapy has been found to be both safe and feasible, with no records of adverse events during a trial prior to widespread implementation.³ And, in enabling direct referral, a targeted response will be required. Recent modelling undertaken by Nous Group estimated significant cost savings for the system in enabling physiotherapist direct referral to orthopaedic surgeons and some digital imaging.⁴ These build on earlier research that also identified physiotherapist specialist referrals as cost effective.⁵

Conclusion

Australians deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. Driving inefficiencies is the current complexity of the healthcare system, particularly in financing care, including the federal-state separation, and unless comprehensive national reform is undertaken, patient journeys will remain inefficient. Investing in preventive care and timely treatment can prevent the need for more costly medical interventions. Instead, our 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.

Reform needs to address upstream issues in primary care rather than continue to direct a disproportionate investment in tertiary care. This requires a very different approach and a reform effort that can drive more accessible and affordable care, and one that guarantees the best health outcomes for patients.

2. RECOMMENDATIONS

The APA has put forward evidenced reform solutions, including to the Strengthening Medicare Taskforce, to help drive improvements in health system design, address inequities, and improve efficiencies through advancing team-based care. In this submission, we present solutions in utilising our core discipline strengths to drive better, connected, and integrated care that will deliver the four outcomes governments and patients want—high-value care, reduced costs, improved efficiency, and enhanced patient ownership of their own healthcare.

Theme 1 Legislation and regulation	The APA supports a risk-based regulatory approach to enabling disciplines to work to their full scope, but with appropriate controls and focus on those opportunities where there is a strong evidence-base and value of the more progressive models which those within physiotherapy scope. Key recommendations: 1.1 Direct reforms to the profession with the most appropriate, clinically evidenced, quality and safe skills to meet the needs of the patient. 1.2 Leverage the different skillsets within existing scopes rather than risk encroachment and competitive overlapping clinical roles. 1.3 Ensure an emphasis on demonstrated and evidence-based clinical competencies including diagnosis and clinical skills in enabling the direct referral reform. 1.4 Enable physiotherapist direct referral to orthopaedic surgeons and digital imaging. 1.5 Ensure a greater focus on the improved utilisation of skills through advanced scope of practice roles where the evidence already exists for the capacity of regulated health professionals working in advanced practice.
Theme 2 Employer practices and settings	The APA supports an approach to reform which encompasses directions to overcome the challenges to progressing scope of practice reform in the context of individual employer influence. We see a role for incentivised workforce measures to direct the required shifts. Key recommendations: 2.1 Target the workplace leadership and culture to increase and improve the employer's understanding of the clinical skills and range of practice within all physiotherapy services. 2.2 Educate employers, funders, key stakeholders and workplaces regarding the physiotherapy APA Career Pathway and pathway to titling and specialty to provide consistent recognition of skills and qualifications across workplace settings. 2.3 Introduce reforms to establish sustainable and profitable models of multidisciplinary care to use full scope of the physiotherapist's skills. 2.4 Strengthen clinical governance mechanisms across healthcare settings to build in risk mitigation with enabling full scope of practice. 2.5 Progress digital enablement at employer level through incentive funding for infrastructure improvements and technology.

Recommendation 3 Education and training	The APA supports reforms that prioritise lifetime training and education for professional growth, alongside a strong credentialing model and framework for defining Scope of Clinical Practice (SoCP). We do not support an approach that seeks to dilute expertise through the development of common interprofessional competences, as outlined, and instead the focus should be on directing patients towards the most clinically appropriate and cost-effective healthcare pathway. Key recommendations: 3.1 Support and incentivise the disciplines who have invested in highly-developed career pathways including the APA Career Pathway. 3.2 Incentivise a skill acquisition pathway for physiotherapy to support advanced skill use and recognition in meeting patient need. 3.3 Prioritise credentialing to improve safety to ensure clinicians practice within the bounds of their training and competency, and within the capacity of the service in which they are practicing. 3.4 Expand clinical teaching capacity, through incentives, to ensure that professional supervision is prioritised in the ongoing review of and management changes in SoCP.
Recommendation 4 Funding policy	The APA supports the direction of the reforms in addressing the rigidities of our funding models and regulatory settings, which make it hard for new, cost-saving models of care to get established and grow. Key recommendations: 4.1 Prioritise an approach that directs reform to enable a patient journey in primary care that is accessible, affordable, guarantees the best health outcomes for patients with musculoskeletal conditions, allows practitioners to work at the top of their practice and is fiscally responsible. 4.2 Prioritise access to publicly funded First Contact Physiotherapy to address vast unmet need, preventing development of chronicity and escalating healthcare costs. 4.3 Incentivise models to better enable connected and multidisciplinary care across professions, through alternatives to the existing fee-for-service model.
Recommendation 5 Technology	The APA supports the focus on addressing the barriers relating to health information sharing and digital infrastructure to support continuity of care and enable more multidisciplinary team-based care. Key recommendations: 5.1 Modernise My Health Record to enable full participation by physiotherapists and accelerate interoperability with practice management systems.

3. APA'S RESPONSE TO THE CONSULTATION QUESTIONS

Theme 1 | Legislation and regulation

Q1.1 What do you believe are the key legislative and regulatory reforms which have the potential to most significantly impact health professionals' ability to work to full scope of practice?

APA response:

The key immediate reform measure lies in enabling **direct referral**—reform starts here.

The APA calls for MBS supported direct physiotherapists referrals to orthopaedic surgeons and to diagnostic imaging. These skills are already within the scope for physiotherapy—physiotherapists are experts in the diagnosis of musculoskeletal conditions. Their existing scope includes ordering tests and making referrals, but restrictive MBS rules limit this in practice.

Ensuring an emphasis on demonstrated and evidence-based clinical competencies including diagnosis and clinical skills in enabling this shift is important. This was lacking in Issues Paper 1 and to ensure patient safety and fiscally responsible reform, we would urge the focus to be on the Ahpra-regulated disciplines.

The APA commissioned Nous Group report found that the proposed policy change of direct referrals by physiotherapists with MBS rebates result in over **\$160 million** worth of savings for the Australian health system and patients.

Q1.2 To what extent do you think a risk-based approach is useful to regulate scope of practice?

APA response:

- ☐ To a great extent
- ☒ **Somewhat**
- ☐ A little
- ☐ Not at all

Q1.3 Please provide any additional comments you have on the risk-based approach to regulation.

APA response:

While the APA supports a **risk-based regulatory approach** to ensure a targeted and proportionate response in the context of the risk of non-compliance, there remains certain risk in diluting each profession's value.

Ensuring practitioners can better work to the full extent of their skills and training needs a very specific discussion around capabilities and roles. This, and the evidence-base and value of the more progressive models, including within physiotherapy, must be prioritised.

While this shift, as outlined, is supported, the statements around scope overlap are problematic in terms of ensuring the NRAS remains effective. Scope encroachment is already impacting on quality. The NRAS is important because it ensures that all regulated health professionals are registered against consistent, high-quality, national professional standards. Taking the discussion too far down the self-regulated and unregulated path is not the solution to addressing a workforce crisis.

Q1.4 What do you see as the key barriers to health professionals' authority to make referrals across professions?

APA response:

The absence of MBS items to support direct physiotherapists referrals to orthopaedic surgeons and to diagnostic imaging. The lack of knowledge and understanding from other professions of the core skills and scope of practice of physiotherapists also impacts. A further key barrier lies in the absence of digital platforms to enable sharing of patient information and secure messaging between health practitioners.

Models facilitating direct access to physiotherapy have proven effective, with lower rates of referral to imaging due to the high level of expertise in clinical examination of people with MSK conditions.⁶ Advanced musculoskeletal physiotherapists are less likely to order imaging⁷ and have high accuracy in clinical assessment.⁸

Theme 2 | Employer practices and settings

Q2.1 What changes at the employer level would you like to see to enable health professionals to work to full scope of practice?

APA response:

The system-wide factors outlined in Issues Paper 1, in relation to the inability to perform to full scope of practice within a workplace setting, appropriately recognise that the enablers interface with system-wide factors such as legislation and regulation, funding models and digital infrastructure. Changes to these factors will enable physiotherapists to work to their full scope in their workplace.

Skill recognition issues factor significantly in preventing physiotherapists from working to full scope of practice in workplace settings. Employer-level changes extend to enabling skills that can provide better care by utilising full scope which includes a need to embed recognition and reward for advanced training in employer contract and policies and procedures. This needs consistency of competencies and skills and education across workplace settings and is reliant on a commitment towards reviewing and developing skill-based remuneration packages to meet expectations and reward effort.

Q2.2 Which particular activities or tasks within health professionals' scope of practice would you particularly like to see increased employer support for?

APA response:

Limited funding for services and poor remuneration leads to workforce attrition and lack of incentive to work to scope of practice. This leads to difficulty in retaining skilled talent in the profession and leads to reduced sustainability of physiotherapy businesses.

The APA supports the direction of the review to drive more consistent approaches to recognition of additional/specialised qualifications and competencies across settings as a key solution. There are significant challenges to accessing specialist physiotherapy care due to poor funding and remuneration for skilled physiotherapy services and specialist and titled physiotherapy services.

Employer support for tasks would see the employer provide infrastructure in the workplace to support working to scope. Practice viability issues impact and packages to fund the infrastructure and facilities to enable high-level care, alongside funded digital health solutions are needed to encourage more multidisciplinary team collaboration.

Q2.3 What can employers do to ensure multidisciplinary care teams are better supported at the employer level, in terms of specific workplace policies, procedures, or practices?

APA response:

The disincentivised built-in to the business model needs attention. There may be policies and procedures built into some workplaces that disincentivise skilled, experienced, titled and specialist physiotherapists from working to full scope. This can include out-of-date policies, poor salaries, job descriptions, limited remuneration and lack of recognition of skills.

Introduce reforms to establish sustainable and profitable models of multidisciplinary care to use full scope of the physiotherapist's skills. Strengthening clinical governance mechanisms across healthcare settings to build in risk mitigation with enabling full scope of practice is also key. Progress digital enablement at employer level through incentive funding for infrastructure improvements and technology.

Provide standard education packages and information regarding scope and skills of all medical and non-medical professions to enable a full understanding of roles of the disciplines in the team-based care.

Theme 3 | Education and training

Q3.1 What are the key barriers health professionals experience in accessing ongoing education and training or additional skills, authorities or endorsements needed to practice at full scope? You may select multiple responses.

APA response:

- x Availability of learning institutions
- ✓ **Employer supports for learning**
- ✓ **Availability of supervision and mentoring**
- ✓ **Quality of training**
- ✓ **Time burden**
- ✓ **Other**

Q3.2 If you chose 'other', please provide details.

APA response:

Reform should prioritise lifetime training and education for professional growth, alongside a strong credentialing model and framework for defining Scope of Clinical Practice. The APA does not support an approach that seeks to dilute expertise through the development of common interprofessional competences.

Lifelong education and credentialing play pivotal roles in shaping the landscape of physiotherapy practice in Australia, particularly under the framework of the Australian Physiotherapy Association Model for Defining Scope of Practice. The CPD requirements, overseen by the Ahpra, intricately enhance the training components of professional competence, workplace safeguards, and legal considerations. At its core is the indispensable requirement for lifelong training and education, ensuring that physiotherapists not only meet but consistently exceed high standards while also providing flexibility for professional growth and adaptability to the evolving healthcare landscape.

Q3.3 To what extent do you think health professionals' competencies, including additional skills, endorsements or advanced practice, are recognised in their everyday practice and are known to consumers?

- x To a great extent
- x Somewhat
- x A little
- ✓ **Not at all**

Q3.4 How could recognition of health professionals' competencies in their everyday practice (including existing or new additional skills, endorsements or advanced practice) be improved?

APA response:

The distinctive scope of physiotherapy sets it apart distinctly from other allied health professions. The Australian physiotherapy profession employs a tiered model equivalent to the CanMeds Framework used in the medical field. Notably, physiotherapy training pathways stand out in the realm of Allied Health due to the existence of a specialised career pathway leading to recognition as a Specialist Physiotherapist. This respected designation is awarded by the Australian College of Physiotherapists, marking a significant accomplishment and acknowledging advanced expertise in the field.

A reform shift encompassing skill recognition would support and incentivise the disciplines who have invested in highly-developed career pathways including the APA Career Pathway. There is a need to incentivise a skill acquisition pathway for physiotherapy to support advanced skill use. Prioritising teaching capacity, through incentives to ensure that professional supervision, is also important.

Theme 4 | Funding policy

Q4.1 Are you aware of specific instances where funding and payment could be provided differently to enhance health professionals' ability to work to full scope of practice? Please provide specific examples.

APA response:

Funding remains the biggest barrier to leveraging the extensive skills held and already within the scope of all physiotherapists nationally, but that is restricted by systemic barriers entrenched in our Medicare system.

Addressing patient needs is what matters. Reform must direct funding towards early healthcare intervention which consists of rapid access referral, diagnosis, and clinical management by a physiotherapist. The sooner a condition is managed, the less likely it is that it will lead to long-term disability and chronic pain. The current system only enables funded access to physiotherapy for people whose conditions are complex or who have already become chronic. Early access to funded physiotherapy would address vast unmet need, preventing development of chronicity and escalating healthcare costs.

Also see APA's 2023 submission for evidenced reform solutions—these will help drive improvements in health system design, address inequities, and improve efficiencies.

Q4.2 Which alternative funding and payment type do you believe has the greatest potential to strengthen multidisciplinary care and support full scope of practice in the primary health care system?

APA response:

- ✓ **Block funding**
- ✓ **Bundled funding**
- ✓ **Blended funding**
- x Capitation
- x Salary
- ✓ **Program grants**
- ✓ **Other**
- x None

Q4.3 If you selected 'other', please provide details.

APA response:

Primary care has seen little reform in leveraging physiotherapist scope with advancements nationally limited by the rigidities of our funding models and regulatory settings, which make it hard for new, cost-saving models of care to get established and grow. The fee-for-service funding model acts as a substantial barrier to reform, and there remains a lack of understanding by funders of the reform solutions, including in the specific skillsets held outside of general practice.

The APA is, however, 'model agnostic'—that is, we do not support one particular payment method.

Our position is that the options noted should all be considered. They all have the potential to enhance the scope and role of physiotherapists in multidisciplinary care. We support the directions towards alternative funding and payment models to fee-for-service which, if implemented, would potentially allow physiotherapists to work to their full scope and as Medicare-funded first contact practitioners.

Q4.4 How do you believe your selected funding type(s) could work to resolve barriers to health professionals working to full scope of practice?

More coherence in policy settings to address the key barriers to accessing proven and cost-effective interventions will help to address the more complex challenges. Block, bundled and blended funding can make healthcare delivery "more flexibly, across different care settings and health professionals." However, the focus should not be on funding alone. We need to improve access to essential care, reduce out-of-pocket costs and, most importantly, reduce costly and inefficient treatments, all of which have physiotherapy-led solutions.

Although the Paper opens up opportunities to reshape primary healthcare funding and payment models, any shift must be made across regulated professions and not just for GPs. Reforms for nonmedical disciplines must be undertaken with respect to scope of practice. Allied Health is not all the same. Ensuring practitioners can better work to the full extent of their skills and training needs a very specific discussion around capabilities and roles.

Q4.5 To what extent do you believe alternative funding policy approaches create risks or unintended consequences?

- x To a great extent
- x Somewhat
- x A little
- ✓ **Not at all**

Q4.6 How do the risks of alternative funding policy approaches compare to the risks of remaining at status quo?

APA response:

Our system often fails to connect the patient to the most clinically appropriate and cost-effective healthcare pathway—the current approach is overly costly, and is rendered ineffective in part because of unnecessary overlap, duplication and medical bureaucracy.

In Strengthening Medicare, we need to start funding what matters. This includes utilising the physiotherapy workforce to promote healthier lives. But the conversation should not begin with funding—it is about driving the required skills aligned to health service need. Similarly for this review, don't start with funding, start with what is the best healthcare possible, then discuss how to fund it.

As former Premiers Perrottet and Andrews said, we must relieve pressure on EDs and GPs: “Let’s lead with the new way of doing things and what should be the best healthcare possible, and then let’s have the discussion around funding. If we lead with funding we’re not going to have a discussion on the right policy”.

Theme 5 | Technology

Q5.1 How do you think technology could be used better or differently in primary health care settings to enable health professionals to work to full scope?

APA response:

The APA agrees with the Review’s assessment that there are ‘significant barriers relating to health information sharing and digital infrastructure, which if resolved could significantly support continuity of care and multidisciplinary care teams,’ and we support the policy directions outlined. Lack of access (to add to patients’ records and/or to access patient information) to My Health Record (or viable alternative for sharing patient information) by physiotherapists remains a major barrier to multidisciplinary care.

Patient information sharing would support direct physiotherapists referrals by giving visibility to all the relevant health practitioners a patient sees. Patient information sharing would allow physiotherapists to have a greater picture of a patient’s history thus supporting clinical reasoning and diagnostic. Patient care would be accelerated and improved with proper sharing of information when the patient journey involves several health practitioners.

Q5.2 If existing digital health infrastructure were to be improved, what specific changes or new functions do you think are most necessary to enable health professionals to work to full scope?

APA response:

Digital technologies are already commonplace in physiotherapy practice. Digital health is also supporting patients through technologies and telehealth. A digital health audit conducted in 2021 found that physiotherapists are adopting digital health into their practice, with 90% using some form of digital technology, showing that physiotherapists want to embark on a digital health journey.⁹

Reform needs enabled interoperability with allied health clinic/practice management systems. Physiotherapists need full access to My Health Record (or viable alternative to digital patient records) so they can contribute to a patient’s record and can access patients’ medical history. They also need to add images (not just reports) to the mandatory upload of diagnostic imaging. Information must be organised in a meaningful and searchable way (not just a library of unsearchable documents).

Q5.3 What risks do you foresee in technology-based strategies to strengthen primary health care providers' ability to work to full scope, and how could these be mitigated?

APA response:

There is a risk of missing a critical component of health and care by not including physiotherapy (and other core allied health) properly by adopting a medical-centred approach to technology-based strategies. Mitigation would involve peak bodies like the APA early in the design of technology-based strategies; support the emergence of clinician data champions; support the participation of physiotherapists in projects related to patient sharing information.

Patient information privacy and cybersecurity risks can be mitigated through a 'security first' approach; explore options of decentralised management of patient data and block chain technology. Risk of low or slow adoption can be addressed through a focus on upskilling and staff training when needed, financial support for investment in technology roll-out, interoperability with allied health clinic/practice management systems. There is also a need to incentivise participation into MHR and patient information sharing.

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