

Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2025–26

Independent Health and Aged Care Pricing Authority

Via email to submissions.ihacpa@ihacpa.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 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 Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2025–26 (Pricing Framework). The APA supports the work of the Independent Health and Aged Care Pricing Authority (IHACPA) and their essential role in ensuring transparent and fair pricing structures for hospital and aged care services.

Physiotherapists play a vital role in Australia's hospital system by assessing and treating a diverse range of patients and conditions. They work across multiple areas and collaborate closely with interdisciplinary healthcare teams to provide comprehensive care. Their contributions are essential for optimising patient outcomes and facilitating safe and timely discharge from hospital.

The APA isn't in a position to provide feedback on all consultation questions. However, there are components of the Pricing Framework that we believe need to be amended to align with contemporary service delivery to accurately record services provided by physiotherapists in our public hospital system.

APA position

Tier 2 Non-Admitted Service Classification

The Tier 2 Non-Admitted Service Classification (Tier 2) definition manual in Australia requires updates to better align with contemporary models of care, particularly concerning advanced practice (AP) physiotherapy. Advanced practice physiotherapy has become integral to the healthcare landscape, with highly experienced clinicians providing specialised non-admitted services to patients referred to medical consultants. These physiotherapists operate autonomously, utilising advanced skills in assessment, diagnosis, and management planning for complex conditions. However, the current classification system fails to distinguish the unique role and responsibilities of AP physiotherapists, hindering appropriate recognition and funding allocation.

Unlike nurse practitioners, who are included in the classification codes with Medical practitioners reflecting their advanced clinical roles, AP physiotherapists lack suitable codes within the Tier 2 structure. The existing codes do not account for the extended appointment times and increased complexities inherent in AP physiotherapy services. This discrepancy not only undermines the value of AP physiotherapy but also limits the incentive for hospitals to implement innovative and efficient service models, despite evidence showing their efficacy and cost-effectiveness in alleviating pressures on the healthcare system.

To ensure the sustainability and growth of AP physiotherapy services, there is a need for a distinct classification within the Tier 2 structure. This classification should accurately reflect the higher costs and specialised nature of AP physiotherapy, enabling hospitals to allocate appropriate resources and incentivising the adoption of best practices. By recognising the vital role of AP physiotherapists and providing adequate funding mechanisms, healthcare organisations can optimise patient care delivery and promote the continued advancement of physiotherapy services within the hospital setting.

Conclusion

The APA thanks the IHACPA for the opportunity to provide feedback into this submission. We would welcome the opportunity to work with the IHACPA to support accurate recording of physiotherapy services, including in AP physiotherapy clinics, in our public hospitals.

2. APA's response to the consultation questions

3.1 Classifications used to describe and price public hospital services

Q1. What, if any, barriers are there to pricing emergency department services using the Australian Emergency Care Classification Version 1.1 without a shadow pricing period for NEP25?

APA response:

The APA has no feedback on this question.

Q2. Are there any other proposed refinement areas to be considered in the development of an updated version of the Australian Emergency Care Classification?

APA response:

Our members report patient presentations to the emergency department (ED) are becoming increasingly complex with needs that may not require medical intervention, rather assessment of function and psychosocial issues that require the skills of a multidisciplinary team. For example, when a patient presents to ED who is no longer independently managing at home.

The current list of ICD-10-AM Principal Diagnoses Short List is focused on medical conditions rather than impairments and psychosocial complexities, with the principal diagnoses not always matching the type of presentation being managed.

It is therefore unclear how the Australian Emergency Care Classification (AECC) is capturing the increasing complexity of ED presentations and if the pricing framework is reflective of the resourcing required to support a multidisciplinary care approach in the ED to prevent admission.

Data collected to inform pricing of the AECC could, in future, incorporate the number of different professional groups engaged to provide care. The APA would also recommend the consideration being given to the resource implications required by those presenting with complex social and medical care needs.

Q3. Are there any barriers or known issues associated with reporting patient level data, specifically in relation to reporting principal diagnosis and patient's age in emergency services?

APA response:

There is a need for standardised training and education for staff responsible for the input of patient data to ensure consistent and accurate entry.

In many emergency departments (ED) there are a variety of health care professionals who are responsible for the input of patient data, this includes physiotherapists, nurse practitioners, rotating medical interns, residents and senior doctors. This creates the potential for a lack of consistency, particularly with the input of principal diagnosis, where there are different options that could be attributed to the same presentation but attract different funding.

Q4. Are there any other proposed refinement areas to be considered for the Tier 2 Non-Admitted Services Classification for NEP25?

APA response:

The APA recommends that the Tier 2 Non-Admitted Service Classification definition manual is amended to include specific codes for advanced practice physiotherapy services that is weighted to reflect the higher level of autonomy and professional responsibility of these roles.

The Tier 2 Non-Admitted Service Classification (Tier 2) definition manual requires refinements to reflect contemporary models of care in Australia's public hospital system. This is specifically in relation to advanced practice (AP) physiotherapy where a new funding tier is needed for AP physiotherapy clinics.

Advanced practice physiotherapy is an established part of the Australian healthcare landscape. Physiotherapists working in these clinics are highly experienced clinicians who have undertaken additional qualifications, through postgraduate master's level award or equivalent, and credentialing. They operate with a high degree of autonomy and professional responsibility, providing non-admitted services for patients referred to, and who would otherwise be seen by, a medical consultant.

Together with advanced communication, collaboration, advocacy, professional leadership and scholarship characteristics, they work with a scope of practice that may fall within or outside the traditionally accepted scope of physiotherapy practice. As such, physiotherapists who work in AP clinics have a different role to what is expected of a typical outpatient physiotherapy service. They are accountable for assessment, diagnosis and management planning for patients presenting with complex, undifferentiated or undiagnosed conditions. Appendix 1 provides further information regarding AP physiotherapy in Australia.

Like nurse practitioners, physiotherapists in these roles are authorised to function autonomously in an advanced clinical role, however unlike nurse practitioners physiotherapists cannot be classified in the relevant class within the medical consultation services (20 series). For example, for AP physiotherapists working in Orthopaedic/Musculoskeletal Physiotherapy Screening Clinics, the only Tier 2 codes that are available are:

- Physiotherapy 40.09 PW = 0.31 \$200
- Orthopaedics 40.44 PW = 0.0309 \$200

These codes aren't fit for purpose as they don't acknowledge the difference in service between an AP physiotherapist delivering diagnostic and management pathway planning consultations in lieu of a medical practitioner and a physiotherapist in a general physiotherapy outpatient clinic delivering physiotherapy assessment and treatment services. Due to the complexity of the role and patient cohort and increased responsibilities of AP physiotherapists, appointment times in AP clinics are longer than in typical outpatient services. For example in Queensland, musculoskeletal physiotherapy screening clinic new appointments in Orthopaedics (40.44) are typically 60 minutes in length and undertaken by AP physiotherapists. Whereas general physiotherapy outpatient services (40.09) are typically only 30 minutes and conducted by base grade staff.

As Tier 2 definitions don't reflect the higher costs of AP physiotherapy services, there is no incentive to implement effective and innovative service models. There are a number of efficient models of care that position physiotherapists as the gatekeepers of hospital based care. These models have shown that AP physiotherapists provide safe, effective and highly cost-effective patient care alleviating pressures on our hospital systems.

In order to ensure the sustainability of these services, there is a need for distinct AP physiotherapy classification. Hospitals implementing best practice, using evaluated and cost efficient models, such as AP physiotherapy services, should be recognised with being able to allocated Tier 2 codes that are weighted accordingly, such as is the case with nurse practitioners.

Q5. What, if any, barriers are there to pricing admitted and community mental health care services using the Australian Mental Health Care Classification Version 1.1 for NEP25?

APA response:

The APA has no feedback on this question.

Q6. Are there any persisting barriers to collecting activity data following the COVID-19 pandemic response? If so, what potential strategies could IHACPA use to support states and territories overcoming these barriers?

APA response:

The APA has no feedback on this question.

Q7. What data-driven processes can be used to determine the efficient cost of teaching and training services to improve the transparency of block-funded amounts provided for these services, ahead of a potential longer-term transition to ABF?

APA response:

Physiotherapy activity data is collected manually creating an administrative burden for physiotherapists. Due to the time and resources required for data collection, there are health services that have ceased capturing data specific to teaching and training of physiotherapy and allied health more broadly.

To ensure accurate collection of physiotherapy teaching and training data, processes need to be automated to decrease the administrative burden placed on clinicians. This includes having systems integrated with existing workflows and electronic medical records.

Where data is being collected, there isn't the opportunity to record the increased resourcing required in delivering patient care. In physiotherapy, students who undertake clinical care are supervised by registered clinicians. In these situations it takes longer for the student to provide a service event and usually involves additional time of the supervisor.

To accurately determine the cost of teaching and training services, measures need to include the additional time taken by students to deliver patient care when compared with a qualified clinician and also the supervisory time required. A potential solution could be the development of a metric for care provided by physiotherapy students.

There is also variation in business rules relating to data collection and the way activity data is manually collected across allied health professions and services. This questions the integrity of the data collected.

3.2 Setting the national efficient price

Q8. What evidence can stakeholders provide that demonstrates the costs and changes to models of care associated with the COVID-19 pandemic response have persisted into 2022–23, or changed over time?

APA response:

The APA has no feedback on this question.

Q9. What principles and processes could guide an appropriate pricing response to significant disruptions to the health system, including natural disasters and epidemics?

APA response:

The APA has no feedback on this question.

Q10. Should the ICU adjustment be restricted to a list of eligible hospitals? If so, what factors should be considered in determining the level of ICU complexity, required to be eligible to receive the ICU adjustment, noting that individual units cannot be identified in the current national data collections?

APA response:

The APA has no feedback on this question.

Q11. Are there any barriers to a tiered adjustment that would allow for different ICU adjustment prices to apply, based on the characteristics of eligible hospitals or episodes of care within those hospitals?

APA response:

The APA has no feedback on this question.

Q12. Are there any barriers to including a fixed national weighted activity unit adjustment for eligible hospitals, regardless of activity levels?

APA response:

The APA has no feedback on this question.

Q13. To support IHACPA's investigation, what factors may help explain the reduction in the Indigenous adjustment, observed in recent years? Additionally, what factors should be considered in refining the calculation and application of the Indigenous adjustment, so that it reflects the costs of public hospital services for Aboriginal and Torres Strait Islander peoples across Australia?

APA response:

The APA has no feedback on this question.

3.3 Data collection

Q14. How should IHACPA account for the changes in data reporting when developing a costed dataset?

APA response:

The APA has no feedback on this question.

Q15. How can IHACPA ensure that the data collected is an appropriate, representative sample and that data collection methods account for changes to health system reporting capacity?

APA response:

There is variation in how data is currently collected which has resulted in inconsistencies between health services and professionals. This could be improved with standardised education and training in addition to regular monitoring and auditing.

Q16. What quality assurance approaches are being implemented at the hospital or state and territory level that should be considered by IHACPA to apply to national data collections?

APA response:

The APA has no feedback on this question.

Q17. What changes would enhance the user experience and functionality of the National Benchmarking Portal to inform improvements in public hospitals, and policy making?

APA response:

The APA has no feedback on this question.

3.4 Pricing and funding for safety and quality

Q18. What impact has the introduction of the pricing approaches for sentinel events, hospital acquired complications and avoidable hospital readmissions had on public hospital service delivery?

APA response:

The APA has no feedback on this question.

Q19. To inform the further development of safety and quality measures, are there other pricing related approaches that could be used to reward high quality care? How can IHACPA identify such care in national data collections?

APA response:

As stated in our response to question four, there is a need to acknowledge the advanced level of care provided by AP physiotherapists within the Tier 2 Non-Admitted Services Classification.

For admitted care, the current DRG (Diagnosis-Related Group) funding model poses challenges for allied health professionals, such as physiotherapists, in delivering high-quality care. Due to time constraints, allied health practitioners often find it difficult to provide comprehensive services. Unfortunately, when services face difficulties, the allocation for allied health resources tends to decrease. This not only leads to discharge delays but also restricts the valuable input that allied health can offer in patient care. To address this issue, incorporating specific components related to each allied health profession within the DRG framework is crucial. By doing so, we can collect data that highlights the resourcing needs necessary to support optimal patient care and enhance overall quality.

Further, the collection of activity data is significantly influenced by the demands placed on allied health professionals who support individuals eligible for or enrolled in the National Disability Insurance Scheme (NDIS). These professionals allocate substantial time to conducting NDIS assessments and preparing related reports. However, it appears that the existing pricing frameworks do not adequately account for these specific requirements. As a result, the true resource investment in NDIS-related services remains unacknowledged within the current pricing structures.

Our members have observed a notable shift toward inpatient care being administered through home programs. While this transition offers convenience, it has implications for activity data. Home models that replace traditional admitted care directly impact the data collected. Specifically, physiotherapy services delivered in a home model tend to be significantly fewer compared to inpatient care. Additionally, the costs associated with travel are compounded by the increased expenses related to supervision and mentoring for care provided within home models.

3. Appendix 1

Physiotherapy range of clinical practice position paper



AUSTRALIAN
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The APA Valuing Skills Series

Physiotherapy range of clinical practice

Position paper



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About the Australian Physiotherapy Association

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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. Through its national groups, the APA offers advanced training and collegial support from physiotherapists working in similar areas.

The APA represents more than 31,000 members who conduct more than 23 million consultations each year. It is committed to professional excellence and career success for its members, which translates into better patient outcomes and improved health conditions for all Australians and enhanced sustainability of the healthcare system. The APA believes that all Australians deserve equal access to safe, high-quality, evidence-based care. It advocates for service efficiency, research-informed healthcare and practitioner scope of practice.

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.



1. Introduction

1.1 APA statement

The Australian Physiotherapy Association (APA) Physiotherapy Range of Clinical Practice document outlines the full range of diagnostic, therapeutic and consultancy skills a physiotherapist may practise based on their training, qualifications, competency, performance and professional experience.

We outline the core practice of a clinical physiotherapist across a range of practice areas and settings. In addition to the core practice outlined, we also outline advanced scope physiotherapy, which requires additional knowledge, skills, experience and reasoning, enabling physiotherapists to undertake roles that may be outside the traditionally accepted scope of physiotherapy practice. Physiotherapists may undertake advanced training to work across a range of advanced practice roles.

Physiotherapy skill depth is underpinned by professional competence across a range of diagnostic and therapeutic areas. Physiotherapists have the skills, knowledge and expertise to diagnose, manage and treat across a diverse range of acute and chronic health conditions and movement disorders. Additionally, scope of practice is protected by safeguards and clinical governance in the work setting and the law, including legislation and regulation. A physiotherapist practises within their scope under the legislatively protected title 'physiotherapist' under the Health Practitioner Regulation National Law. Using this approach allows us to state our position on concepts such as sharing and declaring our professional practice and advancing our scope of practice.

Therefore, as we outline both general and advanced range of practice, we do so in the knowledge that healthcare practice evolves continually and that regulation supports evolving quality practice. Further, that healthcare reform, in enabling disciplines to work to full scope, is reliant on collaboration and innovation in leveraging the full health workforce to meet population needs in the most effective and efficient way.

2. Purpose and scope

2.1 Document intent

The Physiotherapy Range of Practice document is intended to assist the Australian Physiotherapy Association and its staff and members, the Australian College of Physiotherapists and its Fellows, as well as other individuals including healthcare funders and planners to identify the range of practice of a physiotherapist.

In this document, we outline the clinical core practice for a physiotherapist at graduating competency level, where entry-level education provides a foundation to perform the skill, for intermediate practitioners through to the breadth and range of practice of advanced and specialist physiotherapists. In outlining the core range of skills, we broadly detail physiotherapist practice and clinical expertise that is evidence-based in effectiveness, safety and benefit to the patient and where physiotherapist competence is assured.

It is important to note that the term 'range of practice' refers to the full range of clinical physiotherapy practice and not an individual's scope of practice as determined by the practitioner in accordance with standards and health service needs. A practitioner's scope of clinical practice is based on the individual's skills, knowledge, performance and professional suitability in keeping with the needs and service capability of the organisation.¹ The physiotherapist is also accountable to demonstrate that they have the requisite training and competence to provide a service.

2.2 Definitions

The document uses the following terminology:

Competency	<i>Competency</i> is 'an observable ability of a health professional related to a specific activity that integrates knowledge skills, values and attitudes' (Frank et al 2010). ²
Range of practice	<i>Range of practice</i> is the full range of diagnostic, advisory, management and therapeutic skills that a physiotherapist can practise based on their training, competency, performance and professional experience.
Scope of practice	<i>Scope of practice</i> refers to the extent of an individual physiotherapist's clinical practice based on their training, qualifications, competence, currency of practice, performance and professional experience in addressing the needs and capability of the service environment to support that clinical practice.
Advanced practice	<i>Advanced practice</i> is characterised as requiring highly developed knowledge, skills, experience and clinical reasoning underpinned by a postgraduate master's level award or equivalent and further discipline-specific education and training. The advanced practice physiotherapist takes responsibility for assessment, diagnosis and management planning for patients who may present with undifferentiated or undiagnosed conditions. They operate with a high degree of autonomy and professional responsibility in environments that may be uncertain and unpredictable and have significant clinical risk.
Capability Framework	<i>Capability Framework</i> means the range of practice that may be safely performed within a hospital, healthcare facility or standalone physiotherapy practice.

3. Discipline of physiotherapy

3.1 About physiotherapy

Physiotherapy is a clinical profession that integrates core principles of diagnosis, assessment, management and treatment of patients with movement and functional disorders, holding a broad skills depth across a range of areas, interventions and modalities. They work across the life span, preventing and managing acute, chronic and complex disease and assisting in recovery and rehabilitation across a broad range of health conditions including musculoskeletal, neurological, oncological and cardiorespiratory problems.

A physiotherapist's education provides the skill depth required for the diagnosis and therapeutic management of many conditions involving the musculoskeletal, neurological, cardiovascular and respiratory systems. Physiotherapists may also diagnose and treat lymphatic conditions, incontinence and pelvic floor conditions, and a range of paediatric presentations. As a regulated profession, physiotherapists work across all stages of disease and life, from acute to subacute, post-acute and chronic and from prehab to rehab. Physiotherapists also prehabilitate patients awaiting surgery and work in advanced clinical roles in emergency and specialty public health services.

3.2 Who is a clinical physiotherapist?

Physiotherapists are highly qualified health professionals who work in partnership with their patients to help people get better and stay well. They are an important part of the health system, with GPs referring more patients to physiotherapists than to any other single group.³ Physiotherapists work within diverse contexts of practice, including primary and community care and inpatient and outpatient services across emergency and acute, subacute and post-acute care. Their role extends to injury prevention, rehabilitation, maintenance of functional mobility, chronic disease management, health promotion, patient and carer education, occupational health and sport settings.

In Australia, physiotherapists are the fourth largest group of registered primary healthcare professionals.⁴ Physiotherapists must be registered with the Physiotherapy Board of Australia and meet the Board's Registration Standards in order to practise in Australia. A physiotherapist practises within their scope under the legislatively protected title 'physiotherapist' under the Health Practitioner Regulation National Law. Their practice is governed by a number of standards, which can include the Aged Care Safety and Quality Standards and the National Disability Practice Standards. Community physiotherapists are eligible to be accredited against the newly released National Safety and Quality Primary Health Care Standards.

3.3 Education and training of a clinical physiotherapist

Physiotherapists are educated through a minimum of four years of pre-registration tertiary education undertaken through bachelor's, master's or professional doctorate programs and they are required by law to be registered nationally.

Physiotherapy courses are externally accredited through the Australian Council of Physiotherapists against the physiotherapy practice thresholds in Australia and Aotearoa New Zealand developed by the Physiotherapy Boards of Australia and New Zealand.

3.4 Frameworks for physiotherapy

The APA and the Australian College of Physiotherapists continue to develop and refine frameworks for physiotherapy career progression. The APA has articulated this support and initiative through the development of the APA Career Pathway and the Physiotherapy Competence Framework.

3.4.1 Physiotherapy competence framework

The APA Physiotherapy Competence Framework (Competence Framework) is based, with permission of the Royal College of Physicians and Surgeons of Canada, on the Canadian Medical Education Directions (CanMEDS) Physician Competency framework⁵ (Frank, Snell & Sherbino 2015).

The overarching purpose of the Competence Framework is to support and enhance the practice of qualified physiotherapists by providing explicit statements to guide professional development. The performance statements reference Australian standards in safety and quality in healthcare and promote contemporary practice across the diversity of areas in which physiotherapists work.

The Competence Framework describes four stages or levels of competence attainment along a continuum of performance from Foundation (Milestone 1) to Expert (Milestone 4) in an area of physiotherapy practice. The Competence Framework extends physiotherapy competencies beyond those of the standard required for registration by the physiotherapy practice thresholds in Australia and Aotearoa New Zealand to the progressive practice stages of a physiotherapist's career.

4. Physiotherapy core clinical practice

4.1 Physiotherapist range of practice

Physiotherapists are clinical leaders who work both individually and across multidisciplinary teams, providing high-quality and evidence-based patient-centred care that can benefit patients, the health system and the population, delivering overall economic benefits.⁶

The skills and training of physiotherapists equip them to work with patients with a wide variety of conditions, needs and impairments to improve the health status of individuals across their life span. Physiotherapists also work to deliver improved population health outcomes within their local areas.

4.1.1 Clinical leadership

Our skill value lies firmly in diagnosis, clinical reasoning and the independent regulation of the physiotherapy profession.

<p>A physiotherapist can diagnose</p> <p>Physiotherapists diagnose injuries and disorders associated with the musculoskeletal, cardiovascular and neurological systems.</p> 	<p>Physiotherapists use clinical reasoning for diagnosis and treatment</p>  <p>Physiotherapists have clinical skills across all anatomical and neurophysiological domains and use evidence-informed clinical reasoning to assist and advise the patient, their medical practitioner, caregivers and their healthcare team in ongoing management.</p>	<p>Physiotherapists are regulated under the National Scheme</p> <p>Physiotherapists must be registered with the Physiotherapy Board of Australia and meet the Board's registration standards to be able to practise in Australia.</p> 
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4.1.2 Core practice

Physiotherapists use evidence-informed care to assess, diagnose, treat and prevent a wide range of health conditions and movement disorders.

Physiotherapists are experts in mobility and function. What is unique to a physiotherapist's practice is their ability to use clinical reasoning that integrates unique skills and knowledge of core biomedical sciences—including anatomy, neuroanatomy, functional neurology and pathophysiology, disease processes, pathology and exercise parameters—to manage their patients' clinical conditions and participation restrictions.

As a **first contact profession**, physiotherapists:

- assess, diagnose, treat and prevent a wide range of conditions and movement impairments
- screen for 'red flag' symptoms that may indicate serious illness or risk for chronicity
- provide a range of first-line treatment options, making use of their full scope of practice
- determine when further care is needed, such as requiring a referral to specialists for ongoing tests and opinion, and when to refer their patients for appropriate diagnostic imaging
- work across the life span and the full stages of the patient's condition, from acute to subacute, chronic, acute exacerbations and the rehabilitation phases in post-acute stages.

Hospital physiotherapists are involved in a range of activities, including but not limited to:

Acute care

- provide assessment and treatment to prevent deterioration and complications while in hospital; improve recovery, strength, function and mobility; reduce pain; and provide education and advice
- work across respiratory care, cardiac care, emergency departments, intensive care units, gerontology, cancer care, burns care, vascular surgery, orthopaedics and neurosurgery, neurosciences, medical units, obstetrics and gynaecology care, post-surgical care, paediatrics and day surgery units
- assist and advise on discharge planning and decision-making on further care.

Rehabilitation in hospital

- deliver treatment focused on improving and regaining mobility and functional independence to enable recovery and safe discharge
- work with people with neurological conditions, joint replacements, prolonged and debilitating illness, burns, amputation, pulmonary and cardiac conditions, pain conditions, accidents and injuries.

Home care

- support early discharge by providing treatment and rehabilitation in the home
- work across a range of conditions and areas of practice such as stroke rehabilitation, falls, long hospital stay deconditioning, traumatic brain injury, chronic disease management and other disabilities.

In undertaking **patient assessment**, physiotherapists deliver a broad range of expert clinical practice across a range of activities, including but not limited to:

Assessment, diagnosis, triage and management of patients across:

- a wide range of musculoskeletal conditions, injuries and impairments, including determining diagnosis and pathophysiological and biomechanical causes and contributing factors for the condition/participation restriction
- neurological conditions such as stroke, acquired brain injury, spinal cord injuries and multiple sclerosis, including determining therapeutic techniques and treatment plans specific to neurological rehabilitation and recovery
- cardiovascular and respiratory conditions, including exercise prescription, respiratory therapy and airway clearance techniques, and cardiac and pulmonary rehabilitation
- pelvic health issues across all stages in life, including continence, pelvic pain, post-surgical conditions, post-birth trauma and reproductive and sexual health
- paediatric conditions from neonatal to teenage years including developmental delay, neurological conditions and musculoskeletal injury and disease
- aged care and gerontology conditions ranging from falls and balance issues to frailty, musculoskeletal and neurological conditions, and joint disease and continence concerns.

Physiotherapists obtain an **overview of patients' body** structure and function, identifying the underlying causes of the physical dysfunction, and develop appropriate treatment plans.

In diagnostic and functional assessment, physiotherapists:

- conduct a complete patient history and physical examination of relevant body functions and structures to determine a diagnosis and contributing factors, to assess loss of function and to develop a treatment plan to modify function, maintain existing function and restore or improve function
- progress and request investigations and referrals to specialist providers if appropriate and relevant to facilitate diagnosis and choice of treatment
- assess and manage sensory and movement changes that might occur in association with pain, use education and pain management techniques, and develop tailored specific exercise prescription plans.

Physiotherapists develop **treatment plans** to direct provision of relevant care, using evidence-informed methods, advice and techniques.

In case management, coordination of care and care planning, physiotherapists:

- develop integrated and tailored care programs in partnership with patients
- assist in developing return-to-work plans, sports recovery plans and plans for returning to lifestyle activities throughout all stages in life
- plan and advise on recovery time frames and manage and educate on how to cope with acute flare-ups and avoidance of aggravating activities
- educate on the pathophysiology and pathoanatomy of the condition and how it may contribute to the symptoms and treatment options
- educate on pain responses, active self-management of pain, pain avoidance behaviours and managing chronic pain
- advise on the need for further medical and imaging interventions as needed
- assist the patient in managing pain with the aim of reducing or eliminating the need for opioids and other pain medications.

Physiotherapists practise **clinical therapeutic skills** related to diagnosis and therapeutic interventions and assessments, including but not limited to:

In joint assessment, physiotherapists:

- use techniques for evaluating joint range of motion, muscle strength, neurological function and other relevant factors
- assess the biomechanics of movement and control to understand the impact on diagnosis, further injury and treatment.

In manual therapy and therapeutic exercise, physiotherapists:

- apply manual therapy techniques, specific targeted therapeutic exercises and rehabilitation strategies such as balance and control therapies in musculoskeletal and neurological treatment
- manage pain and injury behaviours through regular reviews and supervision, education, building patient skills and confidence and encouraging normal function and movement.

As key members of **multidisciplinary teams**, in both public and private settings, physiotherapists make an important contribution to multidisciplinary care.

In care coordination, physiotherapists:

- work closely with GPs and other health professionals to plan and manage treatment and as part of the multidisciplinary team
- aim to create stronger links for patient care through clinical leadership, teaching and evaluation skills
- are involved in case management, coordination of care and care planning including in optimising outcomes during care transitions to prevent functional decline
- work collaboratively with members of other disciplines across sectors to achieve a multidisciplinary approach, including in rehabilitation services, neurological rehabilitation, aged care, disability and cancer care
- work in emergency department triage, urgent care clinics and pre-admission clinics to provide assessment and treatment, triage advice and management of surgical waiting lists, and provide treatment in outpatient services.

5. Advanced practice

5.1 About advanced practice

Advanced practice (AP) physiotherapy roles have existed in Australia for almost 20 years. They were introduced in public health settings in response to significant health system challenges and are usually embedded as first-line options for patient care. In these roles, physiotherapists employ high levels of clinical knowledge, skill and reasoning, which enable them to address complex health problems and manage clinical risk in unpredictable contexts.

Advanced practice roles are now in place in all state/territory jurisdictions. While initially introduced to improve access to public health services and outcomes for people with musculoskeletal conditions—for example, in orthopaedic and neurosurgery screening clinics and in emergency departments—advanced practice roles are increasingly developing in other areas of practice. They are designed to utilise the expertise of experienced physiotherapists who have undertaken additional post-registration education and training to improve timely access to health services and to deliver improved outcomes for people with a range of health conditions.

Definition

Advanced practice physiotherapy roles are undertaken within regulatory scope of practice. They operate within the legal parameters of their jurisdiction and with appropriate local authorisation, with a scope that may fall within or outside the traditionally accepted scope of physiotherapy practice.⁷

These roles are characterised as requiring highly developed knowledge, skills, experience and clinical reasoning underpinned by a postgraduate master's level award or equivalent and further discipline-specific education and training. The advanced practice physiotherapist takes responsibility for assessment, diagnosis and management planning for patients who may present with undifferentiated or undiagnosed conditions. They operate with a high degree of autonomy and professional responsibility in environments that may be uncertain and unpredictable and have significant clinical risk.

Advanced practice roles most commonly occur in emergency and specialty public health services, often operating at secondary and tertiary care levels and encompassing work historically performed by other health or medical professionals. Advanced practice physiotherapists act as a clinical and professional resource at a local and profession level, providing high level diagnosis, consultation and collaboration in a range of settings. These roles are usually recognised in the individual organisations as requiring specific organisational clinical governance arrangements due to role responsibilities,

increased clinical risk and the requirement for specific education and training, competence assessment and/or credentialing.

5.2 Advanced practice education and training

Advanced practice requires additional post-registration education and training, significant professional experience and competency development and assessment. These roles are underpinned by a postgraduate master's level award or equivalent and further role-specific education and training, competence assessment and/or local credentialing.

Organisations must ensure that robust governance arrangements surround all types and levels of practice prior to the establishment of new roles and that this governance involves inclusive, participative decision-making with clear lines of accountability and responsibility. Policies and processes need to be in place to support advanced practice roles and must include the evaluation of effectiveness, impact, ongoing sustainability and responsiveness.

5.3 Advanced Practice Competence Framework

Advanced practice roles currently operate predominantly within public hospital services under the local health service and jurisdictional governance requirements and processes.

A process for recognition of the attainment of advanced practice competence is currently being developed by the Australian Physiotherapy Association in alignment with the APA Career Pathway Framework. Advanced physiotherapy practice will be recognised at Milestone 3 and Milestone 4 in the physiotherapy career pathway.

The APA's Advanced Practice Competence Framework provides a nationally relevant framework, describing the standard of practice required for the benefit of patients, health service providers and physiotherapists who undertake these roles.

Adoption of the Advanced Practice Competence Framework will facilitate the delivery of consistent, safe and high-quality services that are effective and sustainable by AP physiotherapists. It will also facilitate transferability of skill across AP roles, organisations and jurisdictions, which will support workforce capacity and efficiency.

5.4 Advanced practice physiotherapist range of practice

AP physiotherapists are embedded across health services in a range of established and developing areas of advanced practice in which patients would historically have been managed by medical officers, including but not limited to:

- physiotherapy-led screening clinics for patients with musculoskeletal conditions referred to medical specialty services (eg, orthopaedics, rheumatology, neurosurgery and other services)
- primary contact emergency department physiotherapy-led services
- post-surgical clinics (eg, arthroplasty review services)
- physiotherapy-led fracture clinics and osteoarthritis hip and knee services
- physiotherapy-led pelvic health clinics
- physiotherapy-led vestibular clinics.

Advanced practice physiotherapists use high levels of clinical expertise and experience to assess and independently manage specific cohorts of patients in these areas, often with complex presentations. Collaboration with medical and other healthcare staff is initiated when required. Although specific to the health service setting, roles may include responsibility for:

- triage decisions
- independent assessment and diagnosis of patients referred by general practitioners to specialist medical services or patients presenting to emergency departments
- diagnostic work-up including referral and interpretation of specific diagnostic imaging and/or pathology tests
- the provision of a range of first-line treatment options, making use of their full scope of practice
- management pathway planning, including admissions to hospital and recommendations for non-surgical versus surgical management
- interventions (eg, management of simple fractures and joint dislocations in the emergency department and the prescription and administration of medicines for immediate patient management in the emergency department in some jurisdictions)
- decision-making about requirements for escalation of care when more urgent medical care needs are identified
- independent decision-making about discharge from emergency departments or specialty services and waiting lists.

6. Towards titling and specialisation

6.1 APA Career Pathway

The APA Career Pathway has been designed to enable individuals' career goals and to support a national workforce. It aims to accommodate the evolving and diverse professional development needs of physiotherapists while fostering a commitment to lifelong learning. The framework is intended to respond to changes in physiotherapy practice and to facilitate advocacy for physiotherapists within the profession and externally.

The Career Pathway is based on the following principals:



The Career Pathway provides a platform for engaging physiotherapists to work towards achieving recognition of a progressive increase in their expertise through four career milestones:



The Career Pathway does not assume that all physiotherapists will follow a linear career trajectory and recognises that some practitioners will develop breadth across a range of areas of physiotherapy, particularly in the earlier Career Pathway milestones (Milestone 1—Foundation and Milestone 2—Intermediate).

6.1.1 Australian College of Physiotherapists

The Australian College of Physiotherapists (inaugurated in 1971) was established by the APA for the training of clinical specialists and advancing excellence in the practice of physiotherapy. The College now represents the leaders in clinical practice, research, management and academia. Instrumental in developing the Career Pathway for the profession, the College has developed the competence framework that underpins the Career Pathway, supported by robust governance and quality assurance processes. The College offers two tiers of membership: titled and Fellow. Fellowship can be achieved via a clinical specialisation or non-clinical pathways, while titled members can join as Members of the College.

6.2 About titling

The APA physiotherapist title is a formal recognition of the attainment of a highly developed level of competency in a particular area of practice, equivalent to Level 9 of the Australian Qualifications Framework. An APA member must successfully complete an ‘evidence portfolio’ and undertake peer review clinical assessment to demonstrate competence at the required level of clinical expertise and knowledge to achieve Titled Credential.

As members of the Australian College of Physiotherapists, titled physiotherapists can use the postnominal designation MACP. It is the first step towards specialisation/Fellowship as awarded by the Australian College of Physiotherapists.

Definition

The ACP Milestone 3 titling credential signifies a physiotherapist who is highly qualified in a particular area of practice and has undertaken a rigorous and formalised process to demonstrate their physiotherapy experience and knowledge.

6.3 Titled physiotherapist range of practice

Titled physiotherapists are embedded across private and public health services and work within a high-level care setting. A credentialed titled physiotherapist has undergone rigorous training and assessment in their chosen field and their scope of practice is extensive. They possess an in-depth understanding of their specific area of practice and are skilled in conducting thorough assessments and diagnostics tailored to their speciality, allowing for precise treatment planning.

The following areas of practice have a titling pathway:



Animal Physiotherapist
Cardiorespiratory Physiotherapist
Women's and Men's Pelvic Health Physiotherapist
Gerontology Physiotherapist
Musculoskeletal Physiotherapist
Neurological Physiotherapist
Paediatric Physiotherapist
Pain Physiotherapist
Research Physiotherapist
Sports and Exercise Physiotherapist

Titled physiotherapists excel in designing and implementing highly individualised treatment plans and in utilising advanced techniques and evidence-based interventions, including cutting-edge technologies and equipment. They provide comprehensive patient education to empower patients with the knowledge and tools to manage their conditions effectively. They often collaborate in multidisciplinary teams, provide expert input and engage in research to contribute to the advancement of their field.

A titled physiotherapist plays a vital role in improving patient outcomes and advancing the field of physiotherapy.

6.4 About specialisation

Specialisation as awarded by the Australian College of Physiotherapists is conferred on physiotherapists who have attained the highest level of expertise in a field of physiotherapy practice. It is awarded to physiotherapists who have completed additional training in a field of physiotherapy and have attained an expert level of skill, clinical reasoning and evidence-based practice to provide optimal care. Entry into the two-year specialisation training program is open to titled members. The training program is a formal period of education facilitated by Fellows of the College in an area of practice. It involves facilitated clinical training along with a portfolio of evidence and the successful completion of a clinical examination. Physiotherapists who have achieved specialisation are known as Fellows of the Australian College of Physiotherapists and are able to use the title of Doctor, and the postnominal designation FACP.

Definition

The level of achievement expected of a specialist physiotherapist is ACP Milestone 4 (Expert), the highest level of competence attainment in a continuum of performance across all seven role domains as set out in the Competence Framework. A specialist physiotherapist, as awarded by the Australian College of Physiotherapists, has completed additional training in a field of physiotherapy and has attained the highest level of skills, clinical reasoning and evidence-based practice to provide expert care. The title 'Specialist Physiotherapist' represents the highest level of expertise attainable within the profession and the highest form of physiotherapy clinical practice. As leaders in the profession, Fellows demonstrate a strong commitment to the profession and to the development of those practising within it.

6.5 Clinical specialist physiotherapist range of practice

A specialist physiotherapist is in a category akin to the 'medical specialist' category. The title signifies expert knowledge, clinical skills and diagnostic capabilities and the ability to manage the most complex and challenging patient presentations.

Specialist physiotherapists are skilled at conducting advanced assessments and diagnostics so that a highly individualised treatment plan can be developed. Their skills base draws from a wide range of evidence-based interventions and specialised techniques.

The following areas of practice have a specialisation pathway:



Cardiorespiratory

Gerontology

Musculoskeletal

Neurology

Occupational Health

Paediatrics

Pain

Sports and Exercise

Women's, Men's and Pelvic Health

Specialist physiotherapists work with multidisciplinary teams, providing valuable input and leadership to ensure optimal patient outcomes. They are involved in mentoring, teaching, research and leading the next generation of physiotherapists.

7. Related documents



Physiotherapy practice thresholds in Australia and Aotearoa New Zealand

The physiotherapy practice thresholds describe the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand.

Physiotherapy Competence Framework Version 7.1 (January 2023)

The *Competence Framework* describes four stages or levels of competence attainment along a continuum of performance from Foundation (Milestone 1) to Expert (Milestone 4) in an area of physiotherapy practice). The Competence Framework extends physiotherapy competencies beyond those of the physiotherapy practice thresholds in Australia and Aotearoa New Zealand to the progressive practice stages of a physiotherapist's career.

APA National Advanced Physiotherapy Competency Framework

The *National Advanced Practice Physiotherapy Competency Framework* represents the competencies common to advanced physiotherapy roles. The most common clinical setting in which advanced practice physiotherapists currently operate is within a musculoskeletal context including in emergency departments and spinal, orthopaedic and rheumatology clinics. This document has been developed from knowledge of these roles and settings but aims to be inclusive of other roles that may or may not be developed at the time of writing and that may be within or outside a musculoskeletal setting.

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