

**The factors affecting the supply of health  
services and medical professionals in rural  
areas**

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## Executive Summary

Physiotherapists play a vital part in health care teams. The skills and training of physiotherapists mean they are capable of working with a wide variety of conditions and disabilities to improve the health status of individuals across the lifespan. Physiotherapists also work with groups to deliver improved population health outcomes within their local areas. Physiotherapists are valuable members of multidisciplinary teams, making an important contribution to health care through their health promotion, prevention, screening, as well as triage, assessment and treatment activities.

In Australia, physiotherapists are one of the largest groups of primary health care professionals, and have been first contact practitioners for forty years. They are vital to rural and remote areas individually and as part of multidisciplinary teams, but there is a dire shortage of in many rural areas physiotherapists where there is a lack of consistent incentives available to facilitate practice.

There are a number of well documented barriers to both rural and remote recruitment and retention in the allied health professions, particularly in physiotherapy. These include such issues as lack of career path, isolation, lack of professional and peer support including networking, access and support to attend continuing professional development activities and postgraduate study, lack of remuneration and recognition, staff shortages, and lack of locum availability.

To help address these issues, the APA recommends that:

- The government establish a process which identifies and seeks to remove barriers to innovative practice within the health system.
- Barriers to physiotherapists directly referring to medical specialists be removed.
- Barriers to physiotherapists referring to diagnostic imaging services (i.e., x-rays and ultrasound) be removed.
- Barriers to the provision of telehealth consultations with specified medical specialists should be removed.
- The Indigenous Health Incentive, eHealth Incentive, Teaching Incentive and Rural loading Medicare PIP incentives be extended to physiotherapists.
- Governments act together to ensure that public sector funding reporting requirements are concise, effective and streamlined.
- Governments work together to ensure that public funding support backfill for allied health professionals undertaking continuing professional development activities.
- Support be provided to establish a national mentoring program for physiotherapists working in rural and remote areas, or otherwise in isolation from their peers and professional leaders.
- That Medicare Locals with responsibility for rural and remote areas implement strategies to engage meaningfully with the variety of communities they are responsible for, and facilitate the provision of the breadth of primary care services as needed by those communities.
- That the HECs reimbursement scheme be made available to physiotherapists in rural and remote areas

## Australian Physiotherapy Association

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 12,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and its current submissions are publicly available via the APA website [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au).

# The factors affecting the supply of health services and medical professionals in rural areas

## 1. Background

### 1.1 The need for physiotherapy services

Physiotherapists play a vital part in health care teams. The skills and training of physiotherapists mean they are capable of working with a wide variety of conditions and disabilities to improve the health status of individuals across the lifespan. Physiotherapists also work with groups to deliver improved population health outcomes within their local areas. Physiotherapists are valuable members of multidisciplinary teams, making an important contribution to health care through their health promotion, prevention, screening, as well as triage, assessment and treatment activities.

In Australia, physiotherapists are one of the largest groups of primary health care professionals, and have been first contact practitioners for forty years.

Apart from the treatment of musculoskeletal conditions, physiotherapists have a well-established role to play in the treatment and maintenance of chronic conditions such as cardiovascular disease, chronic obstructive pulmonary disease, diabetes, osteoporosis, arthritis, obesity, and hypertension. The educative focus they adopt in areas such as chronic disease management, self-management techniques and lifestyle and physical activity counselling aligns well with the primary health care philosophy of consumer and community empowerment.

The training and experiences of physiotherapists make them valuable members of multidisciplinary teams in primary health care settings. They are trained in anatomy, pathology, physiology and rehabilitation techniques. They are superior problem solvers, skilled in clinical reasoning. They are educators and practiced communicators. They are competent researchers, able to plan, implement and evaluate interventions. As circumstances dictate, they can be independent autonomous practitioners or committed team players.

These skills are particularly important in outer regional and remote areas, where there are significantly more potentially preventable hospitalisations for chronic conditions than in metropolitan areas.<sup>1</sup>

### 1.2 Physiotherapy practice in rural and remote communities

Both public and private sector physiotherapist employers in rural and remote areas struggle to recruit and retain physiotherapists. Unique skills are required to practice in these areas, and many of these can only be attained through experience in the rural setting.

A rural clinician must demonstrate high levels of skill in a variety of areas of physiotherapy. Unlike many metropolitan practitioners who have the opportunity to specialise in a particular area, a rural physiotherapist is likely to encounter a range of issues requiring knowledge in a variety of areas.

Rural physiotherapists need to develop skills that help them provide effective services that are responsive to a setting that is different from the urban environment. Rural settings are characterised by increased population dispersal, decreased accessibility to services and resources, poorer population health outcomes and increased health care costs. In addition to broad-ranging clinical skills, useful skills that can help a clinician adapt to and work within these environments include:

- Self-management, resourcefulness and workload prioritisation skills
- Ability to develop networks and mentors to adapt to a broad scope of practice
- Learning about the available health services in the community
- Developing health networks and referrals within the community
- Using appropriate communication strategies with clients and communities

- Discerning population based needs and facilitating community involvement
- Devising responsive strategies to individual and community needs with new ideas

While to some extent most of these skills are also necessary to practice physiotherapy in metropolitan areas, such broad requirements combined with the social, family and financial impacts of relocating to rural areas serve as barriers to recruitment in rural and remote areas, and this submission puts forward some proposals to make practice in these areas more attractive to physiotherapists, thus equitable rural and remote community access to physiotherapy.

## 2. Factors limiting the supply of physiotherapists in rural areas

There are a number of well documented barriers to both rural and remote recruitment and retention in the allied health professions, particularly in physiotherapy. These include such issues as lack of career path, isolation, lack of professional and peer support including networking, access and support to attend continuing professional development activities and postgraduate study, lack of remuneration and recognition, staff shortages, and lack of locum availability.<sup>2</sup>

Some previous solutions put forward to combat these issues have been localised funding streams – successful in some services, but failing to address systemic issues.

### 2.1 Barriers to the supply of public and community sector physiotherapists

Australia's health system relies on a mix of public and private systems and without proper support of the public system, it will be difficult to improve outcomes for the community. Adequate and fair support for practitioners working in the public system is vital to the equitable supply of physiotherapists for Australia's rural and remote communities.

#### Reporting requirements

Health professionals are concerned that complex funding arrangements are not transparent, and country health services suffer from onerous, multiple level reporting requirements. This means that the complexity and level of administration required takes time from clinical service delivery.

For example a single physiotherapist may work under a number of different funding streams for the same employer. They might be employed under a full time equivalent (FTE) 1.5 day position funded under a chronic disease funding stream and a FTE 3 day position under an aged outreach stream. In many instances, both of these funding streams would have separate and inconsistent reporting requirements, which add to the workload of the practitioner.

The APA recognises that accountability is important in the funding of health services, but consistent and simpler requirements are needed to ensure that physiotherapists are able to maximize the delivery of sorely needed services to Australians. This is vital in all areas, but particularly in rural areas where there are significantly higher recruitment and retention challenges.

#### Leave provision and backfill

Rural and remote physiotherapists find it extremely difficult to take leave to attend continuing professional development courses (CPD) or participate in mentoring, due to the lack of backfill for their practice. This is compounded by extended travel time needed to attend such activities. In the physiotherapy profession, weekend courses are the norm as physiotherapists often get limited additional leave to participate in CPD. A metropolitan participant going to a course in Brisbane may be able to attend with just a few hours travel time. However a physiotherapist from further afield attending the course may need to spend an additional two weekdays away from his or her workplace in order to fly to Brisbane, as well as pay for three nights for accommodation and airfares.

Physiotherapists in the public sector rarely have backfill available to cover this time, so workload considerations often prevent attendance. This issue affects private practitioners as well as the public sector, with private practitioners (where available), absorbing the work that would otherwise be done by out-patient hospital clinics.

There are fewer physiotherapists per head of population in rural and remote areas, and they usually service more than one town particularly in the more rural and remote areas. This means that rural and remote communities may suffer more from the additional two days of closure than other areas.

While there has already been an increase in access to CPD through the use of online content such as webinars and online physiotherapy modules, the hands on nature of physiotherapy means that face to face courses and meetings are still an important part of physiotherapy CPD.

Along with profession specific CPD, interprofessional communication and training is vital to the well-coordinated provision of health services, and this is particularly so in rural communities, where the availability of specialist health professionals can be significantly lower.

## **2.2 Barriers to the supply of private sector physiotherapists**

The APA contends that a viable private health sector is an essential component of the health system in Australia, and this is equally as true for rural and remote areas as for metropolitan areas.

But a variety of factors influence accessibility of health professionals in rural and remote areas. In addition to the Medicare benefits for patients, the Federal Government makes generous contributions to medical practices in rural areas through the Practice Incentives Program (PIP). There are a variety of incentives available to medical practices, but such payments are not currently available to assist physiotherapists to set up a private practice in a rural location. This, compounded with the few Medicare rebates available, means that the sustainability of private physiotherapy services in rural and remote areas is precarious. In turn, this serves as a disincentive to young physiotherapists from setting up a practice in a rural area. The applicability of some of the Medicare PIP incentives would help to sustain the market for private physiotherapy service, thus providing more equitable access to services for acute, subacute, chronic and preventative services to rural Australians.

Not all of the PIP incentives should be available to physiotherapists. The APA contends that access to the following incentives would encourage the establishment of private physiotherapy practices in rural areas.

### **Rural Loading**

There are significant disincentives to rural physiotherapy private practice and very few to no financial incentives for the majority of practitioners. The APA firmly believes that a financial incentive aimed specifically at rural practice, similar to that provided to medical practitioners but in proportion to usual physiotherapist's salaries, would be a significant factor in motivating professionals to establish and maintain private practices in rural areas.

### **Teaching Incentive**

It is well documented that health students who have a good experience in a rural or remote placement are more likely to return to the community to practice than other students.<sup>3</sup> This holds true for physiotherapy students in rural areas, and practice incentives would help providers to offset some of the costs of providing supervision to such students. In private practice such costs can be substantial, as some private health insurers and funding bodies such as the Department of Veterans' Affairs refuse to rebate or pay for services that involve a physiotherapy student, despite the legitimacy of the provision of services deemed appropriate by a registered supervising physiotherapist.<sup>4</sup>

Such barriers to physiotherapy students accessing private practice placements could be eased through access to private practice teaching incentives, and would assist the universities to resolve the problems faced when finding practical placements for entry level physiotherapy students.

### **eHealth Incentive**

The National eHealth Transitionary Authority (NEHTA) will be rolling out the Personally Controlled Electronic Health Record (PCEHR) from 1 July 2012.

According to the annual survey of GPs, *General Practice Activity in Australia*, physiotherapists are the health professional most commonly referred to. This includes both referrals to medical

specialists, and to other health practitioners such as dentists and podiatrists. According to the 2010-11 survey<sup>5</sup> 8.8% of all referrals in general practice went to the physiotherapists, followed by 6.8% to psychologists and 6.6% to surgeons and 5.5% to orthopaedic surgeons. This means that it is vital that physiotherapists are empowered to adapt to electronic record keeping systems that comply with NEHTA's security and interoperability requirements, so that physiotherapists and GPs can communicate efficiently and effectively about their patients. This is especially important in rural areas, where distance and isolation may be a significant factor in health care provision.

Another area in which physiotherapists could improve the access of people living in rural areas is through telehealth consultations with medical specialists. Despite having an affinity with a number of medical specialists, physiotherapists are not eligible under Medicare rules to assist patients in consultations with such specialists as orthopaedic surgeons, or sport and exercise medicine specialists. The APA has already been told by rural members that metropolitan medical specialists have requested that they consult via telehealth – specifically in the fields of orthopaedic surgery and paediatrics. The purchase of equipment such as video conferencing devices should be supported through both an ehealth incentive and the provision of benefits for clients when conducted under the supervision of a physiotherapist.

### **Indigenous Health Incentive**

The APA believes that the provision of culturally safe services to Aboriginal and Torres Strait Islander peoples is vital to closing the gap in life expectancy, and believes that governments at all levels should support health practitioners and their staff to gain and maintain the appropriate understanding of culturally safe practice.

The provision of culturally appropriate services to Aboriginal and Torres Strait Islander peoples takes local connections, time and education – all of which come at a financial and time cost to health practitioners. Currently there is no financial incentive for a physiotherapist in a rural area to spend resources on the development the cultural competency needed to work safely and effectively with Aboriginal and Torres Strait Islander clients.

### **Access to Medicare**

There are limited rebates available that enable access to private physiotherapy services, and in most cases, rebates are available only on referral from a GP. This is problematic for rural patients who endure longer waiting times to see a GP, on top of longer travel times to keep appointments. This is a frustrating and unnecessary barrier to care. Physiotherapists have been primary contact professionals since the 70's in Australia. They are well trained to assess and diagnose conditions within their sphere of practice, and they are also well trained to recognise when a condition or symptoms are outside of their knowledge, and refer on to another health professional appropriately. Despite this, physiotherapists are only able to treat limited patient types with a referral from a GP under Medicare.

The main program under Medicare that facilitates access to physiotherapy is the Chronic Disease Management Scheme. This program allows up to five visits per calendar year for a person with a complex and chronic condition shared between a range of allied health providers including physiotherapists, on referral from a GP. One of the main shortcomings of this system is that the five visit limit is woefully inadequate for physiotherapy alone for these complex patients, notwithstanding the need to share these visits with other providers. The APA believes that if this program was expanded to a more appropriate number of physiotherapy services, then rural people would have a greater access to private physiotherapists through increased opportunities for adequate compensation for services, and reduced GP administrative work. Such action would be a huge step in helping spread the workload between the private and public sphere in rural and remote Australia.

Diagnostic imaging rebates for plain film spinal x-rays ordered by physiotherapists attract the same rebate under the Medicare Benefits Schedule as those ordered by doctors. However despite this, rebates for other x-rays commonly ordered by physiotherapists are less than that received for those referred by doctors. This means that patients are often referred back to their GP to order an x-ray. This happens in both rural and metropolitan areas, but can be more of a problem for treatment in rural areas, where there can be significant waits to see a GP. The APA has had reports of three

month delays in GP appointments in some locations. This in turn delays condition diagnosis, and the commencement of physiotherapy treatment, compounding the patient's condition. The Australian Standards for Physiotherapy ensure that entry level physiotherapists are well educated to assess the need for appropriate diagnostic imaging, and this should be reflected in appropriate Medicare rebates for imaging.

## **2.3 General barriers to the supply of physiotherapists in rural areas**

### **Access to mentoring**

Access to mentoring for physiotherapists working in isolation is extremely important to assist them in developing the appropriate skills mix to work in rural and remote practice. Despite this need, formal mentoring arrangements for physiotherapists can be non-existent, or limited to public employees to the exclusion of private sector therapists. Mentoring programs need to be embedded in employment, regardless of the sector. Programs must be formal and robust enough to continue, regardless of any change in professional circumstances, or periods of high or low demand for mentors or mentees.

### **Distance**

Rural and remote physiotherapists are faced with geographic challenges that are absent or much less problematic in metropolitan areas. The need for long periods of driving, often involving stays away from home, compounds the barriers to adequately delivering services across a wide geographic spread.

### **Professional Development**

The government has established funding for a Nursing and Allied Health Rural Locum Scheme (NAHRLS) operated by Aspen Medical that supports the recruitment and on-costs of placing short-term locums in rural and remote health services. While the scheme has been successful in placing a number of physiotherapists in rural private practices, it has not been utilised by public sector. One of the reasons for this is that there is generally no backfill funding available for practitioners who take leave to attend continuing professional development activities. To improve opportunities and thus retention of these physiotherapists, it is important that such funding is made available as is the case for doctors in these areas.

Access to online professional development will address some of the CPD need in rural and remote areas, but physiotherapy is a manual profession and some skills can only be achieved by face to face training. The typical picture is often one of a therapist who needs to travel for hours to attend a one or two hour short course, for which there is significant cost and time needed. However, even when courses are held within the locality, barriers can still exist because of heavy workload and the need to balance demand for services. Employers may not be supportive of physiotherapists requesting leave to attend courses because of the impact an absence can have on the provision of services.

### **Barriers to innovation**

Rural and remote areas have the potential to foster an innovative culture for health professionals. There is a lack of available medical specialists, professional colleagues in the same discipline, and other resources which make it important that clinicians adapt to their circumstances through expanded scope of practice and innovative models of care. It is because of this, that there is potential for rural communities to benefit greatly from new and emerging practices. Rural and remote communities stand to be leaders in innovative practices that better utilise available health practitioners through extension of scope and practice. In its final report, the Health and Hospitals Reform Commission called some rural and remote communities 'incubators of innovation'<sup>6</sup>.

Innovation and close collaboration among health care professionals is the key to providing efficacious and evidence-based care. There currently exist many barriers to innovative practice including legislation, regulation and cultural barriers. These barriers serve to prevent health professionals from maximising their contribution to the health and wellbeing of all Australians. The APA believes that it is vital that barriers to innovative practice be removed, such as funding barriers that stop physiotherapists referring directly to medical specialists, as well as state and national



legislation that prevents the granting of limited prescribing rights for physiotherapists, and other barriers such as those discussed in this section.

Physiotherapists have extensive education and training in areas such as musculoskeletal, neurological and cardiorespiratory care across the lifespan. They are well suited to respond to the challenge of our evolving health care system. As direct-access primary health professionals, physiotherapists are present in every stream of health care delivery in Australia. They provide assessment, health promotion, disease/injury prevention, rehabilitation and palliative care.

The physiotherapy profession continues to evolve to meet the needs of the client, health care organisations and the health care system. Physiotherapists are trained to work collaboratively as a member of health care teams to minimise impairment and maximise activity, participation and quality of life.

One part of that evolution has been the emergence of advanced practice roles for physiotherapists, especially in the clinical area of orthopaedics (musculoskeletal) and neurosurgery. Some physiotherapists with particular expertise have undertaken postgraduate interprofessional education and training to acquire additional skills and competencies. This extra training has enabled them to perform additional roles, resulting in more judicious and appropriate use of physiotherapists' skills.

Such roles include triaging patients with musculoskeletal disorders to the appropriate care providers (i.e., conservative versus surgical management of osteoarthritis) and to assist in the post-operative review and care of patients who have undergone total hip or knee replacement surgery.

Further development of the role and competencies of the extended scope musculoskeletal physiotherapist in Australia is an obvious part of the solution when considering the projected exponential increase in demand for musculoskeletal care as the "baby-boomers" age.

The evolution and growth of physiotherapy research, education and practice, combined with the current demands on the Australian health care system, have given rise to a situation where physiotherapists have already assumed these advanced practice roles in a variety of health care settings. However, to date advanced practice initiatives in physiotherapy and other professions have largely been set up on a case-by-case basis at the institutional level.

A whole-of-government approach to decreasing the barriers to innovative practice will allow for a more extensive roll-out of these advanced practices.

A controlled trial in Victoria<sup>7</sup> has demonstrated that experienced, well qualified physiotherapists can competently and safely undertake screening of patients referred to public hospital orthopaedic outpatient clinics with non-urgent musculoskeletal pain. In that study nearly two-thirds of patients with non-urgent musculoskeletal conditions referred by their GPs to one public outpatient orthopaedic department did not need to see a surgeon at the time of referral, and were appropriately assessed and managed by experienced, qualified physiotherapists.

Such roles have been rolled out to varying degrees around Australia, benefiting both metropolitan and rural patients, and it is important that barriers continue to be removed to facilitate further development.

Another good example of innovation that has led to roles for physiotherapists in hospital emergency departments (ED), which is also now a well-accepted practice throughout most Australian health services. Senior physiotherapists are allocated patients directly from the triage list to treat peripheral musculoskeletal injuries, spinal and peripheral joints and soft tissue injuries at both acute and subacute level. In NSW the role of physiotherapists in the ED was explicitly acknowledged in the Final Report of the Special Commission of Inquiry, Acute Care Services in Public Hospitals (the Garling Report), resulting in a number of large tertiary facilities receiving funding to implement new models of service.

## 2.4 Recommendations

The APA recommends that:

- 2.4.1 The government establish a process which identifies and seeks to remove barriers to innovative practice within the health system.
- 2.4.2 Barriers to physiotherapists directly referring to medical specialists be removed.
- 2.4.3 Barriers to physiotherapists referring to diagnostic imaging services (i.e., x-rays and ultrasound) be removed.
- 2.4.4 Barriers to the provision of telehealth consultations with specified medical specialists should be removed.
- 2.4.5 The Indigenous Health Incentive, eHealth Incentive, Teaching Incentive and Rural loading Medicare PIP incentives be extended to physiotherapists.
- 2.4.6 Governments act together to ensure that public sector funding reporting requirements are concise, effective and streamlined.
- 2.4.7 Governments work together to ensure that public funding support backfill for allied health professionals undertaking continuing professional development activities.
- 2.4.8 Support be provided to establish a national mentoring program for physiotherapists working in rural and remote areas, or otherwise in isolation from their peers and professional leaders.

### 3. The introduction of Medicare Locals

Medicare Locals (ML) must ensure that they take a multidisciplinary approach and move away from their roots of general practice and look inclusively at the range of health professionals needed within communities to treat people in primary care settings and prevent unnecessary hospitalisations. While some of the MLs have embraced the change to including professions such as physiotherapy in these models of governance, many have shown resistance to their change in roles to encompass health professions other than doctors. For the sake of the cost-effective provision of health services to our community, it is vital that MLs act inclusively for all primary health care.

Medicare locals have the potential to address problems through better identifying and working to address the needs of local communities. However there remain concerns amongst the health professions that the large catchment area of most of the MLs will mean that they have limited capacity or on-the-ground knowledge of the varied needs of rural and remote communities. It is important that MLs in rural and remote areas recognise the complexity of dealing with large geographical areas with varied health needs.

The APA hopes that MLs will be successful in changing government's focus from expensive tertiary care to community care – particularly for people with chronic conditions, to a primary care focus that is patient centred and responsive to community needs.

#### 3.1 Recommendation

3.1.1 That Medicare Locals with responsibility for rural and remote areas implement strategies to engage meaningfully with the variety of communities they are responsible for, and facilitate the provision of the breadth of primary care services as needed by those communities.

### 4. Current incentive programs

The APA believes that the extension of certain aspects of the Medicare GP incentives program should be extended to physiotherapists. These include the rural loading, eHealth incentive, Indigenous incentive and the teaching incentive. These have been discussed at length in section 2.2 of this document.

In addition to these issues, the APA also believes that access to the HECS reimbursement scheme available to medical practitioners who work in rural areas should be extended to

physiotherapists. The APA commends the development of this program, and would like to see it extended to other professions, as we believe that it would be an extremely successful way of incentivising rural and remote practice to physiotherapists. Physiotherapy courses are shorter and less expensive than medical courses, so costs incurred would be less than that of medical professionals. There are also significantly fewer physiotherapists than medical practitioners – registration figures tell us there are roughly a quarter of the number.

#### 4.1 Recommendations

4.1.1 The Indigenous Health Incentive, eHealth Incentive, Teaching Incentive and Rural loading Medicare PIP incentives be extended to physiotherapists.

4.1.2 That the HECs reimbursement scheme be made available to physiotherapists in rural and remote areas

#### References

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<sup>3</sup>Playford D, Larson A, Wheatland B, (2006). Going country: Rural student placement factors associated with future rural employment in nursing and allied health, Australian Journal of Rural Health, Vol14, Iss1, pp14-19

<sup>4</sup> See DVA notes for allied health providers, section 1: general, available from [www.dva.gov.au](http://www.dva.gov.au).

<sup>5</sup>Family Medicine Research Centre, (2011). General Practice Activity in Australia, Sydney University Press, Sydney

<sup>6</sup>Health and Hospitals Reform Commission, (2009).A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009, Canberra,

<sup>7</sup>Oldmeadow L, BH, Burch H, Smith J, Leahy E, Goldwasser M, (2007). Experienced physiotherapists as gatekeepers to hospital orthopaedic outpatient care. MJA.186(12): p. 625-628.