



# **Tasmanian Department of Health and Human Services**

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## **Agency Health Professional Reference Group**

## **Allied Health Professional Workforce Planning Group**

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## **Allied Health Professional Workforce Planning Project**

## **Physiotherapy Information**

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## 3 Preface

This Physiotherapy Information should be read in conjunction with the main Allied Health Professional Workforce Planning Project Discussion Paper.

## 4 Overview

Physiotherapists assess, treat and prevent disorders in human movement caused by injury and disease.

Qualifications for entry into the profession of physiotherapy are:

- four-year bachelor courses in Physiotherapy or Applied Science (Physiotherapy) which are offered by universities in all states and territories, except Tasmania and the Australian Capital Territory.
- or two-year masters courses that are undertaken after a bachelor degree in a relevant area, such as science or human movement.

Recently there was an increase in the number of Australian universities that offer undergraduate physiotherapy courses and the supply of graduates will continue to increase in the next few years.

Physiotherapists were employed in services in Hospitals and Ambulance Service Division and Community, Population and Rural Health Division of the DHHS.

The physiotherapy workforce was the second largest DHHS allied health professional workforce (after social work) with 125 physiotherapists in 98.72 FTE positions.

Some DHHS rehabilitation physiotherapy services for adults and paediatrics are provided through contracts with private sector providers, Calvary Health Care Tasmania Incorporated (adults and paediatrics) in the south and St Giles Incorporated (paediatrics) in the north. These positions are not included in the analysis in this document.

It required 1.3 physiotherapists to fill one FTE position and this was one of the higher rates for the DHHS allied health professional workforce, indicating a large number of part-time staff or positions.

The median age of the DHHS physiotherapy workforce was 37 years. This was younger than the median age of 42 years of all DHHS allied health professionals. Proportionally more physiotherapists were employed in private practices as they became older.

The DHHS physiotherapy workforce was 84 per cent female. The percentage of males in the DHHS workforce was lower than the percentage of males registered in Tasmania, indicating that proportionally more male physiotherapists were employed in the private sector in Tasmania.

There were ten DHHS physiotherapy positions vacant for at least six months in 2001.

Thirty per cent of physiotherapy respondents to the DHHS staff survey stated that they had postgraduate qualifications and these included diploma,

graduate diploma and masters level qualifications in clinical and managerial aspects of the profession.

In the years 2000 and 2001, an average of 34.5 physiotherapists left the DHHS per year and an average of 25.5 DHHS physiotherapy positions were advertised per year. Physiotherapy had the higher turnover rates per headcount of all the allied health professions at 28 per cent per year.

Tasmania had a lower rate of physiotherapists per 100,000 of the population and a higher proportion of physiotherapists employed in private practice, than the Australian average; and the lowest rates of usage of physiotherapy services in Australia.

Managers of allied health professional teams stated in the DHHS, the supply of physiotherapists to specialist and senior positions and services in rural and remote areas was inadequate; with there frequently being no applicants to the positions advertised. It was also reported that the appointment of physiotherapists to PF1 positions in large physiotherapy services has not been such a problem in the past, but predicted the supply to these positions would become more difficult with increased competition from physiotherapy services interstate.

The Australian demand for physiotherapists is high and the AIHW has reported that "as the population ages and the occurrence of illness and injury increases, and as medical knowledge and techniques advance, the number of people surviving accidents or illnesses grows. Therefore the need for physiotherapists is expected to increase".

A number of workforce planning issues were specific to the DHHS physiotherapy workforce:

- The annual turnover of the DHHS physiotherapy workforce was higher than most other allied professions and is costly in terms of delayed services to clients because of vacant positions, recruitment and orientation time, loss of resources to quality assurance, teaching and research activities, loss of intellectual capital and 'burnout' of senior and long term employed staff.
- The employment of overseas physiotherapists by the DHHS was of limited benefit due to time delays for educational assessments for permanent residents and the 13-week conditions of employment for physiotherapists on working holiday visas.
- Assisting with the re-entry to the profession of physiotherapists who have not undertaken registration board requirements for physiotherapy practice could become an additional burden for DHHS physiotherapy services.
- The small numbers of hours in some part-time physiotherapy services in the state do not enable DHHS staff to undertake administrative work within paid work hours.
- There are good employment opportunities in private physiotherapy practices and the DHHS continually loses staff to these.

## **5 Description of the physiotherapy profession**

Physiotherapists assess, treat and prevent disorders in human movement caused by injury and disease. They aim to restore or maintain normal physical function by the application of treatment modalities such as manual therapy, movement training and electrical or physical agents.

Physiotherapists may specialise in specific areas such as musculoskeletal physiotherapy, women's health, aged care, chest conditions, occupational health and safety, sports medicine, babies and young children, problems of the nervous system and spinal injuries, administration, education and research.

Physiotherapists may work as part of a health care team, independently in private practice, within the school system or as industry consultants.

In order to practice as a physiotherapist in Tasmania, graduates must be registered with the Physiotherapists' Registration Board of Tasmania.

(Commonwealth Department of Education, Science and Training 2002)

### **5.1 Description of occupations related to physiotherapy**

#### **5.1.1 Physiotherapy assistants**

Physiotherapy assistants (also known as therapy assistants, therapy aides, allied health assistants and community services aides) assist clients:

- with exercise or rehabilitation programs
- deliver self-care and rehabilitation equipment to the patient either at home, in a hospital or clinic
- adjust equipment to suit the client's needs
- demonstrate the use of equipment, lifts, transfers and generally assist in moving patients within their homes, or to hospitals or places of treatment.

Physiotherapy assistants work under the direction of professional staff and are not qualified to diagnose conditions or prescribe treatments.

There are no specific educational requirements to become a physiotherapy assistant. Training is usually on-the-job. However entry to this occupation may be improved with a qualification. In Tasmania, this may be a TAFE Certificate III course in Community Services.

## **6 Workforce supply**

### **6.1 Current workforce supply of physiotherapists**

#### **6.1.1 National physiotherapy workforce data**

Data on the Australian physiotherapy workforce was collected in 1998 by the AIHW (2000). The national data was used in comparisons with the data collected on the DHHS physiotherapy workforce in this document.

The AIHW reported that there were 14,722 physiotherapists registered across Australia in 1998. Of these Australian registered physiotherapists:

- 93 per cent were employed
- 5 per cent were looking for work
- 2 per cent were on extended leave.

Of the employed physiotherapists:

- 96 per cent were employed as clinicians
- 4 per cent were employed in roles such as managers, educators or researchers
- 40 per cent were employed in their own or a group private practice
- 33 per cent were employed in hospitals
- 76.7 per cent were female.

The AIHW report showed that the average number of paid hours worked by employed physiotherapists was 34.4 hours per week and the number of paid hours worked per week varied with the age, work settings and gender of physiotherapists across Australia:

- the average number of hours a female physiotherapist worked decreased with age.
- physiotherapists working in nursing homes worked the least hours per week (23 hours per week).
- physiotherapists working in sports clinics worked the most (38 hours per week).
- male physiotherapists worked more hours per week than female physiotherapists across all age groups. The greatest difference in hours of work were in the 35 to 44 years age group, where males worked an average of 46 hours per week and females worked an average of 28 hours per week.

#### **6.1.2 Tasmanian Physiotherapists' Registration Board data**

In 2001, the Tasmanian Physiotherapists' Registration Board registered 317 physiotherapists to practice; 49 of whom were new registrants.

As at 1 October 2002, there were 301 physiotherapists registered with the Tasmanian Physiotherapists' Registration Board and of these:

- 19 were new registrants
- 230 were females (77 per cent)
- 71 were males (23 per cent).

The gender ratios of the Tasmanian registrants reflected those of the national physiotherapy workforce

### **6.1.3 Australian Physiotherapy Association data**

Data on the 2002 membership of the Tasmanian Branch of the Australian Physiotherapy Association (APA), the professional organisation for physiotherapists was:

- approximately 190 full and part-time physiotherapists
- 78 per cent female, 22 per cent male (which is consistent with Physiotherapists' Registration Board data and national physiotherapy workforce ratios)
- 30 per cent employed in the public sector
- 26 per cent own their own private practices.

### **6.1.4 Profile of the current DHHS physiotherapy workforce**

#### **6.1.4.1 Human Resource Services Information System data**

Data on the DHHS physiotherapy workforce from the DHHS Human Resource Services Information System (as at 21 March 2002) has been displayed graphically. The information displayed in these graphs represents all physiotherapy positions within DHHS regardless of whether these were filled or vacant at the time of the analysis.

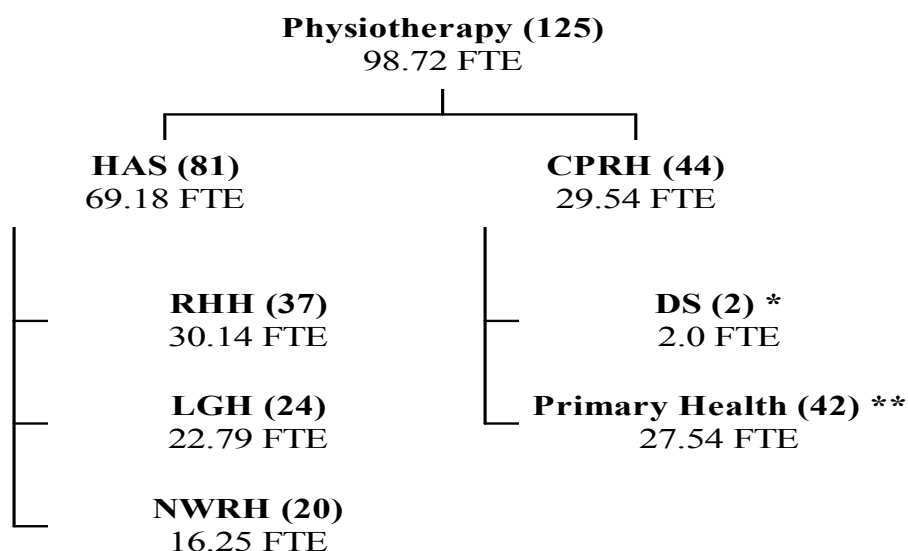
Figure 1 displays the service structure of the 125 physiotherapists in 98.72 FTE positions across the DHHS. It required 1.3 physiotherapists to fill one FTE position. This rate was one of the higher rates for the DHHS allied health professional workforce and indicated a large number of part-time staff or positions.

In the Hospitals and Ambulance Service Division, physiotherapists were employed in the Royal Hobart Hospital, the Launceston General Hospital and the North West Regional Hospital.

In the Community, Population and Rural Health Division, physiotherapists were employed in Disability Services in the Community Support Sub-Division and in Community Assessment and Care Management Services in the Primary Health Sub-Division. Physiotherapists in Disability Services were employed in generic Professional Officer award level PF2 positions, which may be occupied by another allied health profession when next vacant.

Some DHHS rehabilitation physiotherapy services for adults and paediatrics are provided through contracts with private sector providers, Calvary Health Care Tasmania Incorporated (adults and paediatrics) in the south and St Giles Incorporated (paediatrics) in the north. These positions are not included in the following analysis.

**Figure 1: Division and service structure of physiotherapists employed within DHHS (headcount in brackets)**



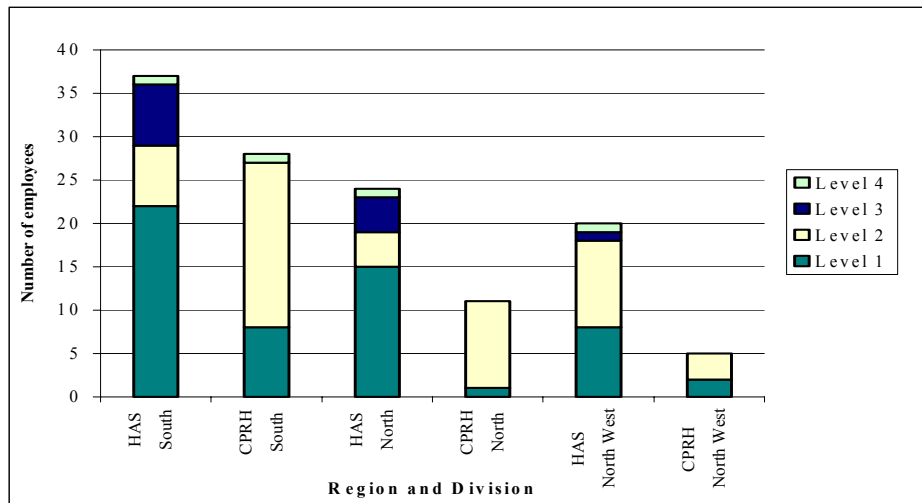
Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

\* The positions occupied by physiotherapists in Disability Services were Professional Officer positions and may be filled by another allied health profession at another time.

\*\* The physiotherapists, in Primary Health were employed in the Community Assessment and Care Management in the south and Aged Rural and Community Health in the north. A team leader position in Primary Health in the south, presently occupied by a physiotherapist has been excluded from the analysis.

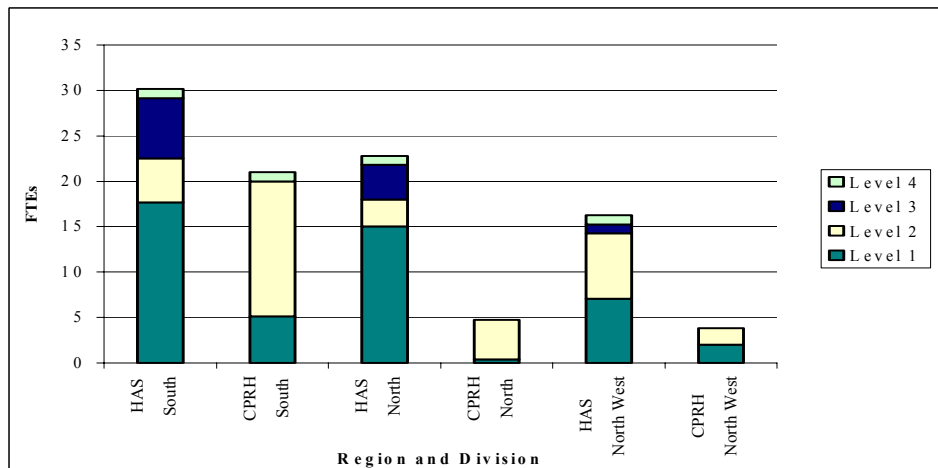
Figures 2 and 3 display the distribution of the award levels across the 125 physiotherapists and 98.72 physiotherapy FTEs in the two Divisions.

**Figure 2: Physiotherapy headcount per award classification across DHHS**



Source: DHHS Human Resource Services Information System 21 March 2002

**Figure 3: Physiotherapy FTEs per award classification across DHHS**



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Table 1 shows the numbers of DHHS physiotherapists at the various award levels across the state.

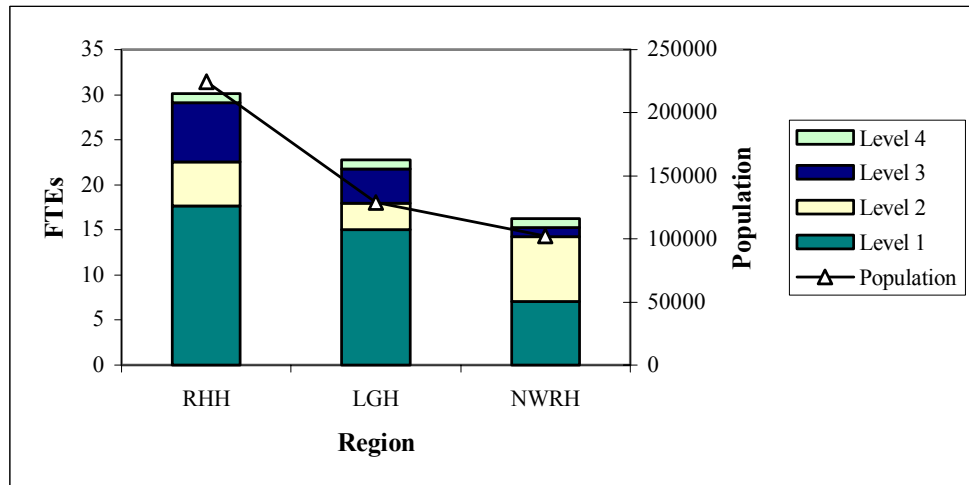
**Table 1: Breakdown of the numbers of DHHS physiotherapy FTE positions at specific award levels**

Award levels	PF1	PF2	PF3	PF4	State total
FTE physiotherapy positions	47.22 FTEs	36.10 FTEs	11.40 FTEs	4.00 FTEs	98.72 FTEs

Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figure 4 provides a breakdown of the distribution of award levels across physiotherapy positions in the Hospitals and Ambulance Service Division, together with the populations of the three regions of Tasmania.

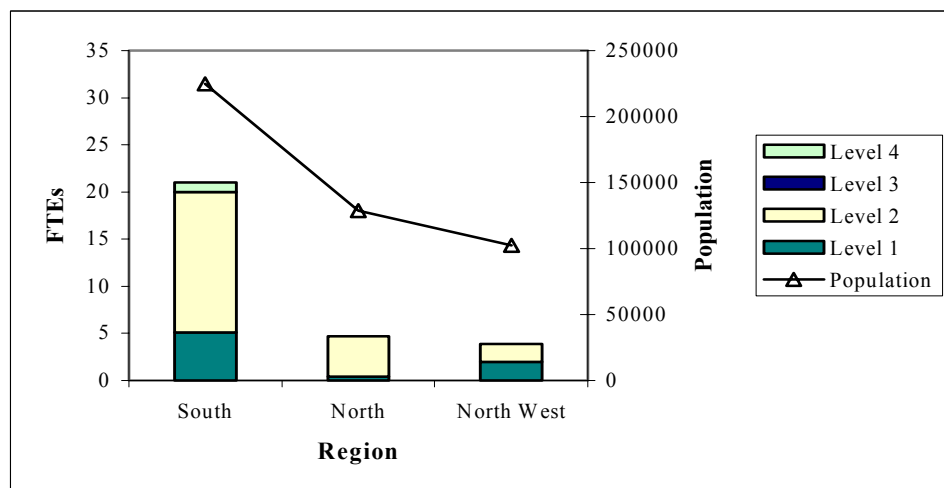
**Figure 4: Physiotherapy FTEs per award classification in the HAS compared to regional populations in 2001**



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

Figure 5 provides a breakdown of the distribution of award levels across physiotherapy positions in the Community, Population and Rural Health Division, together with the populations of the three regions of Tasmania.

**Figure 5: Physiotherapy FTEs per award classification in the CPRH compared to regional populations in 2001**



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions) and ABS census 2001

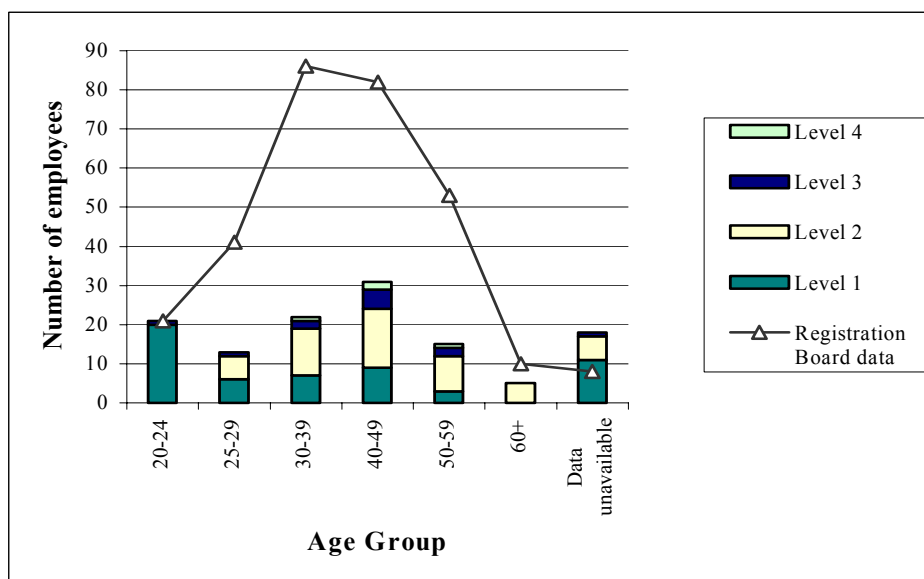
Figure 6 displays the age group and award distribution of the DHHS physiotherapy workforce. The average age of DHHS physiotherapists was 38.2 years. This was comparable to the average age of 40.3 years of all DHHS allied health professionals.

Figure 6 also displays a comparison between the age distributions of the DHHS physiotherapy workforce (as at 21 March 2002) and the physiotherapists registered to be employed in Tasmania (as at 1 October 2002).

It appears that all physiotherapists registered in Tasmania in the 20 to 24 year age group, that is new graduates, were employed by the DHHS, at 21 March 2002. However, information from the professional association is that there were also some physiotherapists in this age group employed in the private sector in 2002.

Proportionally more physiotherapists were employed in private practices as they became older.

**Figure 6: DHHS physiotherapy workforce per age group and award classification compared with age groups of physiotherapists registered in Tasmania**



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions) and Tasmanian Physiotherapists' Registration Board data as at October 2002

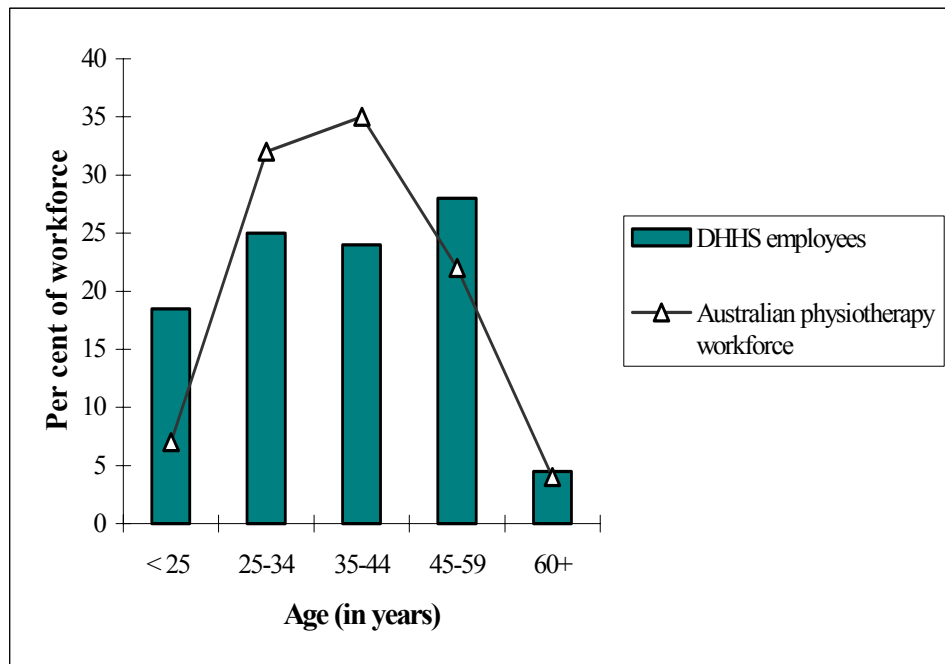
The AIHW reported that in 1998, the average national age of physiotherapists was 38.6 years. The average age of physiotherapists employed in remote areas of Australia was 36.1 years and those working in rural areas of Australia was 40.0 years.

The median age of the DHHS physiotherapy workforce was 37 years. This was younger than the median age for all allied health professionals in the DHHS workforce, of 42 years.

Figure 7 displays a comparison between the age distribution as a per cent of the DHHS physiotherapy workforce, as at 21 March 2002 and the AIHW data on the national physiotherapy workforce in 1998.

Compared to the Australian physiotherapy workforce, the DHHS physiotherapy workforce had higher proportions of physiotherapists who were aged less than 25 years age group and older than 45 years.

**Figure 7: Age group distribution of the DHHS physiotherapy compared to the national physiotherapy workforce**

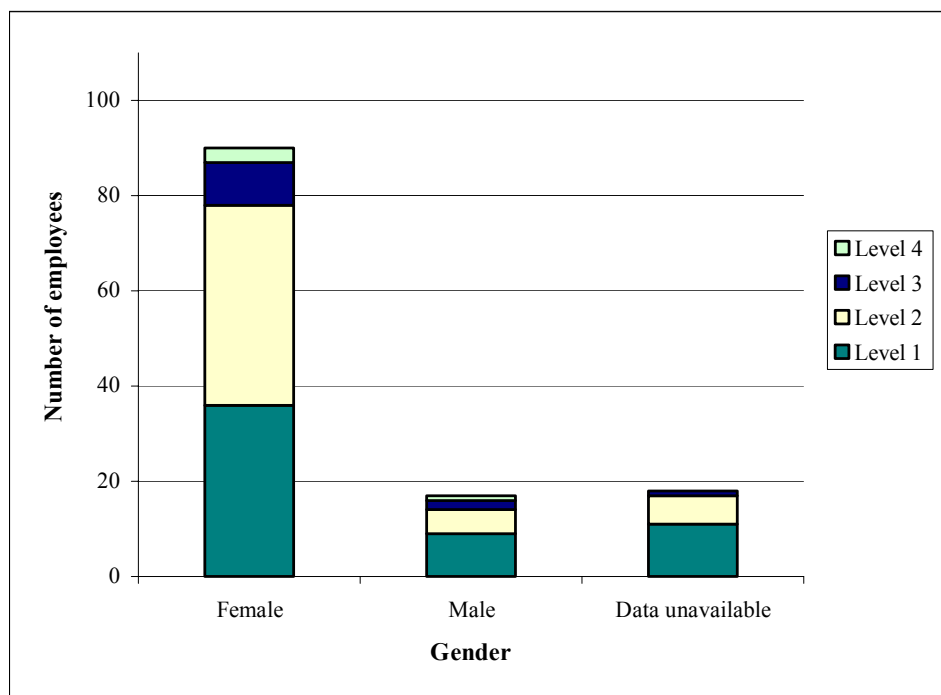


Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions) and AIHW 2000

Figure 8 displays the gender mix and award distribution of the DHHS physiotherapy workforce. There were 90 females (84 per cent) and 17 males (16 per cent) in the workforce.

The percentage of males in the DHHS workforce was lower than the percentage of males registered in Tasmania, indicating that proportionally more male physiotherapists were employed in the private sector in Tasmania.

**Figure 8: DHHS physiotherapy workforce per gender and award classification**



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

The AIHW physiotherapy report (2000) stated that although physiotherapy was predominantly a female occupation, males made up a larger proportion of the profession than some other health professions, such as nursing (8 per cent in 1997) and occupational therapy (5 per cent in 1998). However, males made up a smaller proportion than in the podiatry profession (36 per cent in 1999).

The AIHW report also stated that the proportion of males varied with physiotherapy work settings, for example:

- 46 per cent in sports clinics
- 40 per cent in the defence forces
- 35 per cent in private practice
- 5 per cent in domiciliary care and nursing homes
- 4 per cent in physical/developmental disability institutions.

#### 6.1.4.2 DHHS staff survey data

There were 125 physiotherapists employed by the DHHS and 82 completed a survey form; resulting in a 66 per cent response rate. Due to the low response rate, only responses to some of the questions that were supported by other consultations were used to describe the supply of physiotherapists later in this report.

#### 6.1.5 Vacancies in the DHHS physiotherapy workforce

The DHHS Human Resources Service Information System and DHHS physiotherapy managers identified that there were 10 positions vacant for at least six months in the period from 1 July 2001 to 1 January 2002. These are displayed in Table 2.

**Table 2: Physiotherapy positions vacant for six months in the period from 1 July 2001 to 1 January 2002**

Region	Division	Service	Level by number of vacancies	FTEs
South	HAS	RHH	PF1	2x1.00, 0.5, 0.13, 0.5 FTE
North	HAS	LGH	PF3	1.00, 0.79 FTE
North West	HAS	NWRH	PF2	1.00
South	CPRH	Primary Health	PF2	1.00, 0.55
North	CPRH	Primary Health	PF1	0.4

*Source: DHHS Human Resource Information System 21 March 2002*

#### 6.1.6 Types of work and client groups

Physiotherapy respondents to the DHHS staff survey defined their work as one of these roles: clinician, clinical manager, manager, project or policy officer, aged care assessor.

Table 3 shows the types of work and percentages of physiotherapists who responded to the DHHS staff survey.

**Table 3: Employment areas of physiotherapy respondents to the DHHS staff survey**

<b>DHHS employment area</b>	<b>Per cent of physiotherapy respondents to the DHHS staff survey</b>
Other or no one area	28 %
Community health	19 %
Rehabilitation	12 %
Cardiac/respiratory	8 %
Management	7 %
Paediatric	5 %
Geriatric/gerontology	4 %
Medical and surgical	4 %
Health promotion	4 %
Neurology	2 %
Women's health	2 %
Occupational health	1 %
Education	1 %
Special equipment	1 %

*Source: DHHS staff survey October 2001*

Data was not collected through this project to further breakdown the client casemix of the physiotherapy workforce.

### **6.1.7 The education of DHHS physiotherapists**

#### **6.1.7.1 Entry-level qualifications**

Four-year bachelor courses in Physiotherapy or Applied Science (Physiotherapy) are offered by universities in all states and territories, except Tasmania and the Australian Capital Territory. Upon completion, graduates are eligible to apply for registration with the Physiotherapists' Registration Board in the state in which they wish to practise.

The first years of the course are predominantly theory and practice based, while in the later years, students undertake clinical placements in hospitals, private practices and other settings.

Another educational option recently offered by a number of universities is a masters course at entry-level to the profession. These are two-year courses that are undertaken after a bachelor degree in a relevant area, such as science or human movement.

#### **6.1.7.2 Postgraduate qualifications**

Most of the universities offering bachelor level qualifications in physiotherapy also offer postgraduate certificate, postgraduate diploma, masters and PhD courses in physiotherapy.

#### **6.1.7.3 Entry-level course in Tasmania**

The issue of the establishment of an undergraduate course for physiotherapy through the University of Tasmania was discussed in the early 1990s. It was decided that the infrastructure costs for a specialised course could not be provided.

Since then, the number of mainland universities offering education for the physiotherapy profession has increased so that by 2003, twelve Australian universities will offer a course in physiotherapy.

#### **6.1.7.4 Postgraduate qualifications of DHHS physiotherapists**

Thirty per cent of physiotherapy respondents to the DHHS staff survey stated that they had postgraduate qualifications and these included diploma, graduate diploma and masters level qualifications in clinical and managerial aspects of the profession.

#### **6.1.7.5 DHHS physiotherapists born outside Australia**

Eighteen physiotherapy respondents to the DHHS staff survey indicated that they were born overseas; the two main areas where the respondents were born were the UK/Ireland and Africa. However, this information could not be used to indicate where these physiotherapists were educated.

## **6.2 Projecting the workforce supply of physiotherapists**

Workforce supply is a balance between outgoing staff (retirees, those temporarily withdrawing from the workforce, emigrants or those who die or take up employment with other employers) and incoming staff (new graduates, immigrants, staff coming from other employment and staff increasing their hours of employment).

### **6.2.1 Outgoing physiotherapists**

#### **6.2.1.1 National outgoing information**

Unpublished research undertaken by the Department of Employment and Workplace relations indicated that there were increasing numbers of physiotherapists leaving Australia to undertake employment in overseas countries with good exchange rates.

#### **6.2.1.2 DHHS outgoing information**

In the two years 2000 and 2001, there was an average of 34.5 permanent, temporary and casual physiotherapists who left the DHHS per year.

Applying this to the 21 March 2002 headcount, approximately 28 per cent of the DHHS physiotherapy workforce left per year. This was one of the higher rates of allied health professions leaving the DHHS workforce.

In order to ascertain the possible future numbers of outgoing physiotherapists, staff were asked a number of questions in the DHHS staff survey. Staff were asked:

- if the hours they worked were the hours they wanted to work
- if they anticipated a change in their work hours in the next three years and the reasons for this change
- if they were considering leaving the DHHS in the next six to twelve months, and if so, what were the reasons
- what were their levels of satisfaction for a number of professional practice parameters in the DHHS.

Some of the staff who were not working the hours they wanted to work, stated that they were doing a number of unpaid hours and this varied from

one to 15 hours per week. Other physiotherapists wanted to upgrade their number of hours and some wanted to reduce their number of hours to part-time.

Eleven of the 82 physiotherapy respondents (13 per cent) to the DHHS survey stated that they anticipated an increase in the hours that they worked over the next three years and gave the reasons as: 'build practice/income' (three respondents), 'lifestyle preference' (two respondents), 'family considerations' (two respondents), 'impact of changes in disease patterns' (one respondent), 'study' (one respondent).

Eighteen of the 82 physiotherapy respondents (22 per cent) to the DHHS staff survey stated that they anticipated a decrease in the hours that they worked over the next three years and gave the reasons as: 'lifestyle preference' (seven respondents), 'family considerations' (eight respondents), 'to build a practice/income' (two respondents), 'study' (one respondent) and 'workplace change' (one respondent).

Twenty seven of the 82 physiotherapy respondents (33 per cent) to the DHHS survey indicated that they were considering leaving in the next six to twelve months and the reasons stated were mixed: 'other employment' (ten respondents), 'promotion' (five respondents), 'travel' (seven respondents), 'family considerations' (two respondents), 'study' (two respondents) and 'contract ends' (one respondent). This rate of staff intending to leave in the next six to twelve months was higher than the average rate for all allied health professions intending to leave (at 25 percent). If the predicted departures translate into actual departures, this would be a considerable turnover.

The staff responses on levels of satisfaction with the various professional practice parameters are listed in Table 4.

**Table 4: Staff satisfaction with professional practice parameters in DHHS**

<b>Criteria measured</b>	<b>Per cent of respondents who were satisfied or very satisfied</b>
Opportunity to use your abilities	80%
Sufficient work to maintain competence	77%
Hours of work	68%
Amount of work	47%
Overall satisfaction with your practice	65%

*Source: DHHS staff survey October 2001*

The other DHHS Human Resource Services data relevant to the numbers of outgoing staff was that there were two physiotherapists in the DHHS workforce aged 55 to 60 years and five physiotherapists aged over 60 years of age.

## **6.2.2 Incoming physiotherapists**

### **6.2.2.1 National incoming information**

Nationally there is a growing increase in immigration of physiotherapists from other countries. Harris, Gavel and Conn (2002) presented AIHW data from 2000 that showed that there was an increase of 17 per cent from the year 1993/1994 to 1998/1999 of the number of permanent residents of Australia who were physiotherapists. In 1993/1994 there were 77 permanent residents who were physiotherapists and in 1998/1999, there were 90.

The AIHW report (2000) stated that there was a 25.3 per cent increase in the numbers of employed physiotherapists across Australia in the period 1991 to 1996. The rate in Tasmania in that period was above the national average and was 28.2 per cent.

The report also stated that the supply of physiotherapists was expected to increase with an increased number of physiotherapy graduates from Australian universities. Unpublished research undertaken by the Department of Employment and Workplace Relations stated that in 1996, there were approximately 573 physiotherapy graduates from Australian universities and in 2002 there will be approximately 830. These new graduates will come from New South Wales (~200), Victoria (~350), Queensland (~121), South Australia (~83) and Western Australia (~75). Due to changes in the number of courses offered in Queensland and Victoria, the number of Australian physiotherapy graduates in 2003 is expected to be lower, at approximately 730.

The AIHW report predicted that the profession would become less female dominated, as:

- in 1998, 23 per cent of the Australian physiotherapy workforce was male
- and in 1999, 38 per cent of Australian physiotherapy graduates were male.

### **6.2.2.2 DHHS incoming information**

In the two years 2000 and 2001, there were 51 full time, temporary and casual physiotherapy positions advertised.

It is not known if these advertisements were successful. The positions were:

- 25 x PF1 level positions (49 per cent)
- 19 x PF2 level positions (37 per cent)
- 6 x PF3 level position (12 per cent)
- 1 x PF4 level positions (2 per cent).

## **7 Workforce demand**

### **7.1 Current demand for physiotherapists**

#### **7.1.1 Current national demand for physiotherapists**

Unpublished research by the Commonwealth Department of Employment and Workplace Relations found that in late 2001, in:

- New South Wales, the rapid growth in demand for physiotherapists which characterised the 1990s had recently slowed. However, demand remained solid relative to other professions and shortages persisted due to significant wastage from the profession. Shortages were evident across all sectors including private practice, hospitals, community-care and in most specialisations including musculoskeletal, manipulation and exercise-based rehabilitation. Positions specialising in HIV/aids and palliative care patients were particularly difficult to fill. Supply from university completions was expected to increase over the short-term, but it is likely to be offset by lower net-emigration and continued wastage of experienced workers. Shortages are predicted to continue.
- Victoria, the physiotherapy labour market was in balance overall, but with distinct areas of shortage geographically, seasonally and in particular areas of specialisation. There was an occasional oversupply of new graduates between January and May, with the completion of the academic year. Difficulties were experienced in attracting staff in paediatric, gerontology, oncology, cardio-thoracic, palliative care and rural locations and also for weekend and after-hours work.
- Queensland, there were shortages of experienced physiotherapists for locums and part-time workers in metropolitan areas and acute shortages of experienced physiotherapists in rural and remote areas. The supply of new graduates appeared to be in balance. The continuing demand was attributed to the interstate immigration, especially of older people.
- South Australia, in the Adelaide area there were difficulties filling positions for experienced physiotherapists, especially in the aged-care speciality where positions were typically part-time. This was a new phenomenon for metropolitan areas, but rural areas have been experiencing this problem for some time. Regional areas have relied on new graduates to fill positions, but attrition rates have been high. There has been an increase in student intakes and it is expected that these will assist in balancing the job market, although it may not preclude the possibility of some vacancies for experienced physiotherapists still proving difficult to fill.
- Western Australia, the physiotherapy labour market remained in shortage. Employers were experiencing difficulties filling vacancies, especially in specialist positions and in rural and remote areas. Although training commencements have increased gradually over the last decade, there were still insufficient graduates to meet replacement needs and the increasing demand for physiotherapists.
- Tasmania, the physiotherapy labour market continued to be in shortage in both the public and private sectors and in rural and remote areas.

Reasons given for these shortages were uncompetitive wages and career structures in the public sector, lack of a local training facility and workforce patterns and mobility factors associated with a predominantly female occupational group. The area of geriatric services had particular difficulty in attracting staff.

## **7.1.2 Perceived DHHS physiotherapy service gaps in the CPRH**

### **7.1.2.1 North west district**

Physiotherapy services in the north west district were managed by the North West Regional Hospital (HAS) physiotherapy service manager through an agreement between the two Divisions.

The CPRH district manager stated that new graduate physiotherapists generally only remained in DHHS employment for 12 to 24 months and that recruitment was an issue in the district, resulting in significant delays in filling positions and the provision of services.

Managers of allied health professional teams stated that more physiotherapy services were needed in the areas of rehabilitation, women's health and lymphoedema in the north west.

### **7.1.2.2 North district**

Some physiotherapists in the CPRH in the north were managed by the Launceston General Hospital (HAS) physiotherapy service manager through an agreement between the two Divisions; and others were managed by the CPRH district manager, with professional support from the southern Community Rehabilitation and Allied Health Services physiotherapy manager.

Managers of allied health professional teams stated that more physiotherapy services were needed in aged-care, the long-term support and maintenance for the permanently disabled and health promotion. There was also limited access to hydrotherapy facilities.

### **7.1.2.3 North east district**

The CPRH district manager in the north east manages the physiotherapy services on the east coast of Tasmania and professional support is provided by the southern Community Rehabilitation and Allied Health Services physiotherapy manager.

A recent application for funding to the Commonwealth Department of Health and Aged Care through the Regional Health Services Program for increased physiotherapy services in Bicheno and Swansea was successful. However, recruitment to the position to date has not been successful.

The CPRH north east district manager stated that cover for leave of the physiotherapy positions in that district was a problem.

Managers of allied health professional teams stated that while there were some services for patients with acute conditions, there were few

physiotherapy services for those with chronic conditions and long-term disabilities.

#### 7.1.2.4 South and south east districts

Physiotherapy services in the south and south east CPRH districts are managed by the CPRH Community Rehabilitation and Allied Health Services physiotherapy manager. Managers of allied health professional teams stated that access to hydrotherapy facilities was seen as a community need in these districts and that cover for leave for physiotherapists was becoming an increasing problem.

### 7.1.3 Patterns of usage

#### 7.1.3.1 Profession to population ratios

There were marked variations in the numbers of physiotherapists per 100,000 of the population across Australia, as shown in Table 5. The rate of physiotherapists (those employed in the public and private sectors) in Tasmania was below the Australian average per 100,000 of the population.

**Table 5: Numbers of physiotherapists (PT) per 100,000 of the population across Australia**

	NSW	VIC	QLD	SA	WA	Tas	NT	ACT	Aust
PT numbers per 100,000	60.7	57.7	52.1	74.6	71.7	54.9	43.3	68.8	60.4

*Source: AIHW 2001*

#### 7.1.3.2 Staff workload assessments

The DHHS staff survey asked physiotherapists if they considered their current workload was about right, too much or too little. Of the 82 physiotherapy respondents:

- 36 (44 per cent) stated that their workload was about right
- 38 (46 per cent) stated that their workload was too much
- 4 (5 per cent) stated that their workload was too little.

Further investigation of the answers of the respondents who stated that their workload was too little indicated that they meant that the hours allocated for their workload were insufficient.

### 7.1.4 Population needs

The use of physiotherapy services increases with the age of the population, as shown in Table 6. This table presents the ages, gender and rates per 100,000 of the Australian population who consulted a physiotherapist in the two weeks prior to the ABS National Health Survey in 1995.

Persons in the age group 55 to 64 years were the most likely to consult a physiotherapist, followed by persons in the age group 65 to 74 years. Rates varied between males and females; with males in the 25 to 34 years age group more likely to consult a physiotherapist and females in the 55 to 64 age group more likely to consult a physiotherapist.

**Table 6: The age and gender of persons consulting a physiotherapist in the two weeks prior to the National Health Survey in 1995**

Rate per 100,000 population	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total
Males	432	1956	2257	1638	1485	1916	1736	1468	1522
Females	623	1158	1666	1674	2286	2469	2186	1403	1540
Persons	525	1565	1962	1656	1879	2191	1974	1427	1530

*Source: AIHW analysis of ABS data in AIHW (2000)*

The AIHW (2000) stated that there were marked differences in the usage of physiotherapy services in the different states of Australia. The use of physiotherapy services in Tasmania was the lowest in Australia, possibly due the lower rates of physiotherapists per 100,000 of the population.

It could also mean that there is an unmet need for physiotherapy services, in that Tasmania has one of the highest proportions of older people, who are generally bigger users of physiotherapy services.

Given that the demand for physiotherapy services is predicted to rise as a consequence of population ageing (which is already impacting on Tasmania), it is likely that the gap between demand and supply of physiotherapists in Tasmania will increase. This could have serious implications for the community in Tasmania.

## 7.2 Projecting future demand for physiotherapists

### 7.2.1 National demands for physiotherapy services

The predicted future demand for physiotherapists across Australia is high. The AIHW report (2000) stated that "as the population ages and the occurrence of illness and injury increases, and as medical knowledge and techniques advance, the number of people surviving accidents or illnesses grows. Therefore the need for physiotherapists is expected to increase"

### **7.2.2 National demands for physiotherapists**

The Commonwealth Department of Employment and Workplace Relations (2002) stated that job prospects for physiotherapists were very good. The Department also stated that:

"Employment growth for physiotherapists to 2007-08 is expected to be strong. Employment in this medium size occupation (11,000 in February 2002) grew moderately over the past ten years, and slightly over the past five years. There are national skill shortages for physiotherapists.

Physiotherapists have a low proportion of full-time jobs (55 per cent) and earnings are above average - in the eighth decile. Unemployment for physiotherapists is low.

Job turnover for physiotherapists is average. Vacancies arising from job changing (physiotherapists changing employers) are expected to provide 67 per cent of vacancies, compared with 22 per cent from job openings (physiotherapists leaving the occupation) and 11 per cent from new jobs (employment growth for physiotherapists)."

### **7.2.3 Perceived drivers of physiotherapy services in DHHS**

The majority of physiotherapy respondents to the DHHS staff survey perceived that the factors likely to increase the future size of the physiotherapy workforce were:

- ageing of the population
- changing patterns of health and illness
- patient expectations/knowledge
- requirements for safer procedural practice
- multi-disciplinary team provision
- more defensive practice
- increasing specialisation
- the need for improved geographical distribution of the profession
- growth in consumer demand.

## **8 Workforce planning issues identified through consultations**

### **8.1 Turnover of the DHHS physiotherapist workforce**

The physiotherapy workforce has one of the highest turnover rates and numbers of staff leaving, of the DHHS allied health professional workforce. In the past few years, a conservative estimate was that approximately 25 physiotherapy positions were advertised for the DHHS workforce each year.

This 20 per cent turnover rate represents significant costs to the DHHS in terms of:

- delayed services to clients because of vacant positions
- recruitment costs (Human Resource Services and physiotherapy management time, advertisement and relocation costs)
- staff orientation time (and time when staff are not operating to full efficiency because they are new to the position)
- resources that are not used in clinical and service improvement activities, teaching and research (because they were directed to staff recruitment and new staff management)
- loss of intellectual capital developed through DHHS funded CPD activities
- 'burnout' of senior and long-term employed physiotherapy staff.

### **8.2 Recruitment of physiotherapists**

There have usually been few problems in the past in recruiting physiotherapists to PF1 level positions in the larger physiotherapy services in Tasmania, especially if vacancies occur late in the year before mainland students complete their courses. However, recruitment into these PF1 positions has become increasingly difficult over the past 12 months, as there have been more physiotherapy positions funded by interstate governments, e.g. Victoria. It also appears that across Australia, experienced physiotherapists in the higher years of the PF1 award level (or similar) are moving out of the profession into other occupations. In order to attract staff, interstate services have also begun paying new graduates at higher year levels in the comparative PF1 level of that state and commencement bonuses, and providing them with more annual leave. In some rural areas, commencement salaries for new graduate physiotherapists have been set at one award level higher than the salary set for new graduates in metropolitan areas.

As the salary for a new graduate physiotherapist in Tasmania is already at least \$3,000 lower than that interstate, it was predicted by physiotherapy managers of Hospital and Ambulance Service Division physiotherapy services that the recruitment of new graduate physiotherapists will become significantly more difficult. This is already becoming apparent, as at November 2002, there have been very few applications from new graduates expressing interest in employment in HAS in 2003. Whereas in the past, at

the same time of the year, there were usually about 50 new graduate applications that came without specific advertisements being run across Australia.

The attraction of experienced physiotherapists who can be employed as sole practitioners in generalist positions in rural and remote areas or who can be employed in speciality positions has been a major difficulty. There are few incentives to undertake these Tasmanian positions; especially when there are good employment opportunities in most other areas of the public and private sector Australian and international physiotherapy job market.

Employers of physiotherapists in other Australian states have also stated that they have had difficulties in filling vacancies. Unpublished research undertaken by the Commonwealth Department of Employment and Workplace Relations indicated that the rates at which physiotherapy vacancies were filled by six weeks post initial advertisement varied across Australia. For example, in late 2001: in Queensland, 70 per cent of positions were filled within six weeks of the initial advertisement and in Victoria, 47 per cent of physiotherapy vacancies were filled within six weeks of the initial advertisement. In some states, e.g. Victoria, 35 per cent of advertisements attracted no applicants and in New South Wales, the filled rate of vacancies in 2001 was 18 per cent in rural areas.

### **8.3 International recruitment of physiotherapists**

Until January 2000, the National Office of Overseas Skills Recognition assessed overseas educational qualifications of people wishing to work in the field of physiotherapy in Australia. Since that time, the Australian Examining Committee for Overseas Physiotherapists', a sub-committee of the Australian Council of Physiotherapy Regulating Authorities, has taken over the responsibility for this.

The Examining Committee requires that all overseas physiotherapists seeking permanent residency in Australia and recognition of their overseas qualifications undertake English, theory and clinical examinations in Australia. This assessment process usually takes a minimum of three months.

Through Trans-Tasman mutual recognition legislation, overseas physiotherapists registered in New Zealand can be registered in all states and territories of Australia, except Western Australia. The assessment process by the New Zealand physiotherapy assessors usually takes from three to twelve months.

These time delays slow down the employment of overseas physiotherapists into DHHS positions and in the past two years, there were no physiotherapists recruited into the DHHS from overseas.

A way in which overseas physiotherapists can avoid protracted educational qualification assessment processes is to enter Australia on a working holiday visa. These twelve-month visas are usually granted to

physiotherapists from countries with similar physiotherapy education standards to Australia. On this type of visa, physiotherapists are allowed employment by one employer for up to 13 weeks only.

Approximately 15 physiotherapists on working holiday visas have been employed by DHHS physiotherapy services in the last two years. Although their employment may be useful to cover short-term vacancies, these physiotherapists are usually recruited through private agencies, which is an additional cost; and unless they are very experienced, orientation takes a significant amount of the 13 weeks employment period.

#### **8.4 Re-entry into the physiotherapy profession**

Since the commencement of 2002, to ensure currency of practice, physiotherapists have been required to have 1000 hours of physiotherapy practice over five years to maintain their registration with the Physiotherapists' Registration Board.

Re-training is organised by the APA through in-house programs in Tasmanian, usually public hospital, facilities.

The Registration Board's requirements could create problems for physiotherapists wishing to re-enter the workforce as there are no physiotherapy schools in Tasmania and this could place a further burden on public sector facilities that are able to offer a variety of clinical experiences to re-entry physiotherapists.

#### **8.5 Career pathways**

As with many other allied health professions, there may be one position or a few positions in a physiotherapy speciality in Tasmania. These speciality physiotherapists require specific CPD, conference attendance and mentoring to provide a service commensurate with that provided elsewhere. They must look to mainland universities to obtain formal postgraduate qualifications and although many courses can be undertaken by distance education, these may not be entirely suitable for such a practice-based profession and as well require significant expenditure of time and money that may not be recouped by an increased salary.

In Tasmania, most commonly, career progression is via the management pathway with few positions above PF1 level allocated on a purely clinical basis. Many interstate physiotherapy services are currently exploring and implementing clinical career pathways for physiotherapists in order to make employment in their services more competitive. These clinical pathways are based on the contribution the physiotherapist has made to the clinical practice, clinical education and clinical research needs of the organisation.

#### **8.6 Staff to workload ratios**

Managers of allied health professional teams stated that a number of physiotherapy services have small numbers of part-time hours allocated to their workload. These may be just adequate to undertake the direct clinical

workload required, but do not enable staff to carry out the administration workload (patient note keeping, contacts with other health providers etc) that is required as part of being a professional.

Frequently staff do the administration component of their workload in unpaid time.

### **8.7 Employment opportunities in the private sector**

Tasmania has one of the lowest rates of physiotherapists employed per 100,000 of the population (this includes those employed in the public and private sectors) in Australia.

Using data from the Tasmanian Physiotherapists' Registration Board, the APA and the DHHS Human Resource Services Information System, it appeared that approximately 58 per cent of physiotherapists registered in Tasmania were employed by a private practice. Some of these physiotherapists may have been employed in the public sector as well. The rates of private practice employment are high compared to the Australian average of 40 per cent.

There is a considerable and constant drain of physiotherapists from the DHHS to the private sector, where further experience can be gained especially in musculoskeletal and sports medicine specialities and where working conditions and rates of pay are more flexible.

### **8.8 Undergraduate clinical placements**

Physiotherapy students who undertake clinical placements in the DHHS are a source of new staff and services endeavour to provide student placements when staffing establishments enable this.

An increased number of Australian universities are offering physiotherapy undergraduate qualifications and competition between university schools for the limited number of clinical placements for their students is high.

Alternate clinical placements to those traditionally undertaken in large hospitals are being sought in other areas such as community and private practices. Alternate teaching/clinical placements models are being investigated and trialled. The introduction of a pre-registration employment year at the completion of the university course is also being debated.

### **8.9 Physiotherapy assistants**

The APA endorses the employment of physiotherapy assistants to support the work of physiotherapists. The Association has guidelines for the role of therapy assistants to ensure adequate professional supervision. The employment of more assistants could be one way to increase the efficiency of the physiotherapy workforce.

### 8.9.1 Staff satisfaction with DHHS employment

Information on staff satisfaction with DHHS employment was sought through focus groups. A total of 21 physiotherapists from the three regions attended the focus groups. A summary of the information obtained is shown in Table 7. The comments expressed also reflected the information obtained through other consultations.

**Table 7: Summary of information obtained from physiotherapists at the focus groups**

Positive attributes of employment in DHHS	Aspirations	Negative attributes of employees in DHHS	Constraints
<ul style="list-style-type: none"> <li>• Quality care</li> <li>• Varied and diverse work</li> <li>• Rotation through areas</li> <li>• Team work (physio and multi-disciplinary)</li> <li>• Flexibility of work hours</li> </ul>	<ul style="list-style-type: none"> <li>• CPD encouraged and facilitated (including leave and financial assistance to travel if necessary)</li> <li>• Supportive team environment</li> <li>• Flexibility</li> <li>• Access to locums</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of CPD costs (problems with coordinating and accessing)</li> <li>• Limited promotional prospects because of award</li> <li>• HR demands with vacancy control and the impact on the filling of positions</li> <li>• Understaffing</li> <li>• Lack of opportunity to specialise</li> </ul>	<ul style="list-style-type: none"> <li>• Budget</li> </ul>
<p><b>Regional variations</b></p> <ul style="list-style-type: none"> <li>• Professional isolation for specialties within physiotherapy</li> <li>• In the north west: lack of access to specialist advice with generalist physiotherapists having to pick up on areas they may not be interested or skilled in; also lack of peer support</li> <li>• In the north: limited facilities for clients e.g. hydrotherapy; difficulties in obtaining experience in areas of interest; involvement of the APA in rural departments is limited</li> </ul>			

## 8.10 Professional development to retain and strengthen a quality workforce

### 8.10.1 Professional association information

The APA has approximately 66 per cent of physiotherapists in Tasmania as members. The Association has a mandatory CPD program for members. Accumulation of the necessary 100 points of CPD in a three year period is in two areas: formal (postgraduate qualifications, conferences, research, presentations etc) and informal (inservices, secondments, quality assurance, self directed learning).

Representatives of the APA stated that most APA professional development activities were delivered in the major centres, particularly Hobart and Launceston, which disadvantages rural physiotherapists. The

representatives also stated that many Tasmanian physiotherapists are concerned about the inequity in the number and type of professional development courses offered in Tasmania compared to other states, e.g. Victoria.

### 8.10.2 DHHS staff survey

The DHHS staff survey asked physiotherapists if there was regular CPD offered in their current employment. Fifteen of the 82 respondents (18 per cent) stated that they were not offered regular CPD. These staff were both part-time and full-time staff employed in both the HAS and CPRH.

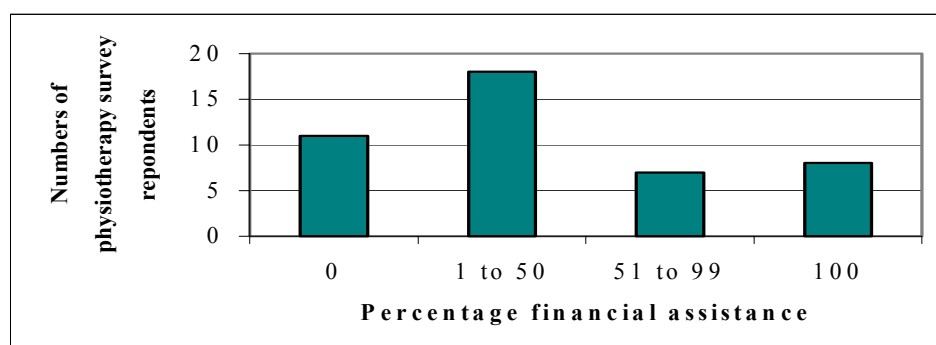
It appeared from the data that staff had differing understandings of professional development, for example, staff may have received general CPD but not in their speciality area.

The physiotherapy staff were also asked if they had applied to attend a conference in the last two years and 50 staff said that they applied. Of the 50 physiotherapists who applied, 44 (88 per cent) received funding. The staff who applied in the last two years to attend a conference and who were not successful in their application were employed in either the HAS or the CPRH.

Figure 9 shows the distribution of the percentage of financial assistance the 44 successful physiotherapy survey respondents received from DHHS to attend conferences in the last two years.

The proportion of funding varied from no assistance to 100 per cent funding. The largest group of physiotherapists who received funding obtained 50 per cent or less financial assistance from the DHHS. Eight of the 44 staff, who received funding, were provided with 100 per cent funding. The staff who attended a conference in the last two years and received either no funding or 100 per cent funding were employed in either of HAS or the CPRH.

**Figure 9: The distribution of the percentage of financial assistance successful physiotherapy respondents received from DHHS to attend conferences in the last two years**



Source: DHHS staff survey October 2001

## 9 Annotated bibliography

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This publication was compiled from ABS Census of Population and Housing 1996 data.

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The publication is based on the Physiotherapy Labour Force Survey conducted by the state physiotherapy registration boards in 1998 on behalf of the AIHW. The report presents information about registered physiotherapists in Australia, including some of their demographic and employment characteristics and their geographic distribution. The report also includes data on education within the field, as well as data from the ABS Census of Population and Housing, the ABS Physiotherapy Services Survey 1997-98 and the ABS National Health Survey 1995 to complement the labour force survey findings. Although the Physiotherapy Labour Force Survey 1997 was not undertaken in Tasmania, limited Tasmanian physiotherapy workforce data was available in the Report, from the ABS census collection. The next AIHW collection is planned for 2003.

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