

Looking back, looking forward: achievements and future directions of physiotherapy in Australia

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Despite the vision of the bold pioneers of the physiotherapy profession in Australia identified in the recently released history (Bentley and Dunstan 2006), it is unlikely that even they could have anticipated the great strides that our profession has made in the last 100 years. With their origins in clinical massage and with strong support from the medical profession, early practitioners of what was to evolve into physiotherapy quickly established an identity, an educational rationale, and a degree of independence which provided a firm basis for the future development of the profession.

Subsequently, the need of veterans from two world wars for rehabilitation and the devastating impact of the poliomyelitis epidemic on so many Australians provided the impetus to move the clinical focus from the passive approach of massage to that of therapeutic exercise accompanied by electrophysical modalities. The educational framework of the early massage courses, based on knowledge of anatomy and physiology, afforded an appropriate background for this development. This solid underpinning by the biomedical sciences has provided the basis for physiotherapy to evolve into what it is today, a clinical movement science with practitioners who have the capacity to work from first principles, possess strong problem solving skills, and who are able to advance their clinical management based on a growing body of evidence and a individual analysis of the effect of particular techniques on individual patients. Application of these principles to a wide range of clinical conditions and environments has resulted in the diversification which can be seen in the profession today.

There have continued to be pioneers in each area of development. These pioneers, mostly women, joined by an increasing number of men as the years wore on, worked to help realise the potential of what was still a very new profession, but one in which they saw the opportunity to bring immense benefits to their patients by developing techniques to complement those offered by medicine and nursing. However, it was not clinical evolution alone which resulted in the independent, vibrant, and high-profile profession we recognise as physiotherapy in Australia in the 21st century. Recognition in the early 1980s by the Australian Physiotherapy Association that a president who was a medical practitioner was no longer needed was quickly followed by the rescinding of the referral ethic which saw physiotherapists able to see patients without medical referral. The Australian physiotherapy profession was the first in the world to undertake this step and it set the pattern for the way Australia has led the world in so many aspects of the development of physiotherapy.

The early strong educational basis for practice continued with physiotherapy becoming a degree course at the University of Queensland in 1938. While most other courses subsequently became degree courses within the College of Advanced Education system, the Dawkins reforms of the 1980s saw all become university courses. The original five courses, one for each mainland Australian state, have expanded to 17 courses including a number that are entry level Masters Degrees. Several more are planned. These entry level courses have a robust system of accreditation provided by the Australian Physiotherapy Council (formerly ACOFRA) which delivers national consistency and ensures that preparation of physiotherapists continues to meet the needs and expectations of the Australian community. This is underpinned by the Australian Standards for Physiotherapy, a competency-based document first developed in 1994 and recently updated following widespread consultation (Australian Physiotherapy Council 2006). In addition, development and growth of coursework higher degrees reflects the expertise and specific skills and knowledge required for clinical practice across the range of specialist areas of physiotherapy. Most recently, clinical doctorate degrees have been added to the range of qualifications on offer and are likely to grow in number and diversity as their value is recognised.

The growth in physiotherapy research activity in Australia has been one of the most exciting areas of development in the profession. As recently as 20 years ago, the only physiotherapy-specific higher degrees available were at graduate diploma level. Early researchers had the foresight to undertake research degrees in other faculties and became the role models and mentors for the physiotherapy researchers of today. Now every university offering physiotherapy courses either has an established physiotherapy research program or recognises the need to develop one. The number of physiotherapists undertaking doctoral and post-doctoral studies is growing steadily. Physiotherapists are increasingly the recipients of significant research grants and have high-profile university appointments. The evidence base for the practice of physiotherapy is developing strongly. This growth has been assisted by the establishment of the Physiotherapy Research Foundation in 1988, the growing stature and international recognition of the *Australian Journal of Physiotherapy*, the establishment of the physiotherapy evidence database (PEDro), and the impressive commitment and research capacity of so many Australian physiotherapy researchers.

But what of the future? While this is as difficult to predict now as it no doubt was for the early pioneers, developments both within the profession and in the broader areas of health,

education, information technology, and other technologies point the way to at least the immediate future.

An exciting development is the establishment of a new specialisation framework to bring together the fellowship offered by the Australian College of Physiotherapy and the titled membership programs of the various National Special Groups of the Association. Scheduled for implementation in early 2007, this will establish a benchmark level of clinical expertise which should lead to better recognition of the skills of expert physiotherapists and subsequent improvements in patient care, cross referral, and industrial structures and payment systems. Ultimately it is quite possible that it will pave the way for specialist registration and recognition of overseas specialist physiotherapists.

Recognition of the value of physiotherapy intervention, coupled with an ageing Australian population with its associated need for management of chronic diseases, has created a demand for physiotherapists which cannot be met by the current workforce. Innovation in the development of advanced practice (eg, musculoskeletal triage roles in hospital outpatient clinics and Emergency Departments) and extended scope practice (eg, injecting and limited prescribing) and more robust training for physiotherapy assistants will ensure that the physiotherapy workforce is used to its full potential. This should minimise attrition of senior clinicians by offering more challenging work and ensure that the skills of physiotherapists are used where they are most able to impact on the health of the Australian community.

The move to national registration of physiotherapists along with practitioners of eight other registered health professions, scheduled for implementation in 2008, will facilitate workforce mobility and thus maximise the availability of the Australian health workforce. Recommended in the recent report into the Australian health workforce (Productivity Commission 2006), national registration should ultimately also lead to more extensive role diversification and thus to better utilisation of the knowledge and skills of the various health professions.

The Australian Physiotherapy Association is growing strongly in membership and influence with government at both state/territory and Commonwealth levels; and all indications are that this trend will continue. In 2004, advocacy by the Association resulted in physiotherapists, along with other allied health professionals, being given limited access to rebates for their patients from Medicare for the first time through the Enhanced Primary Care Scheme. Limited to patients with chronic and complex conditions referred by a general practitioner, and strictly capped, this initiative has nonetheless been an important first step in the recognition of the need to improve access to physiotherapy for many patients. Most importantly, it provides the basis for further negotiation with the Commonwealth Department of Health and Ageing on the need to broaden Medicare to include multiple entry points to the subsidised health care system through appropriate physiotherapist-to-medical specialist referral and vice versa. It is to be hoped that not only will this become a reality, but that the role of physiotherapists in primary care will be recognised by the provision of rebates for patients with single system conditions not requiring medical referral, such as already exists for private health insurance and other third party payers. The development of electronic health records, including picture archiving and communication systems for the electronic viewing of

medical imaging, will facilitate the information sharing required for the co-ordination of this model of care. The emerging science of clinical informatics will further assist by developing clinical decision support systems. The challenge for the physiotherapy profession is to ensure that non-pharmacological intervention receives the same focus as pharmacological intervention so that the development of clinical protocols truly reflects the multidisciplinary management that is in the best interests of the patient.

Assuming that the current challenge to increase funding for education can be met, there is every expectation that, as they have in the past, universities will continue to develop physiotherapy education to meet emerging needs. The proposed development of an entry level doctorate at the University of Melbourne heralds the next stage of innovation. Designed to meet the challenge of the European Bologna process and to match similar courses in the USA, such a model may well become the way of the future for Australian physiotherapy education. Furthermore, there is no doubt that research activity will continue to grow as the profile of physiotherapy researchers is increasingly recognised through senior appointments, greater research funding and subsequent publications, and the opportunity for physiotherapists to establish and participate in multidisciplinary collaborative research programs and centres of research excellence.

But beyond these predictions for the immediate future, a crystal ball would be required. Fifteen years ago, for example, email had barely arrived; so the electronic developments of even a similar period forward, let alone beyond, are hard to imagine. The evolution of medical intervention based on molecular biology, gene therapy, and further technological capacity will continue to change the face of health care. However, what should be certain is that, just as it has in its first 100 years of development, there is good reason for the profession to continue to attract women and men of vision, commitment, and intellectual capacity. This will ensure that our profession continues to maximise every opportunity to evolve in a way which will benefit our patients and contribute to the health of the Australian community and beyond.

References

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