Advocacy – the intangible member service

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It is a special privilege to have the opportunity to write this Editorial for the Australian Journal of Physiotherapy. It is also a great privilege to serve as the National President of the Australian Physiotherapy Association. The APA has been well served over the years by presidents who have provided great leadership and vision to further our profession and to embark upon this role is both a daunting and challenging prospect.

It would be hard to imagine a previous time when the external environment has been as fluid and as challenging. These days, new challenges with respect to both the public and private physiotherapy sectors are emerging at an exponential rate. Commonwealth and State administrators of Australian public health systems regularly bring forward initiatives that affect APA members. Some examples are: new funding models (such as the More Allied Health Services program); budgets that fail to keep pace with the increasing pressure on public physiotherapy departments or are decreasing in real terms; and changing allied health management structures in our hospitals. In the private sector, the failure of compensable fees to keep up with market rates, the growth of complementary and alternative therapies, increasing legislative burdens on small business, and corporatisation of general practice are examples of the rapidly changing external environment.

While it is true that the changing environment poses possible threats to the physiotherapy profession, it also creates opportunities for a relatively young profession such as ours. On this basis, I view the current challenges with a deal of optimism. In my opinion, physiotherapy is a great product, demand for our services is likely to increase, our pursuit of evidence-based practice will give us an edge on some of our competitors and constant pressures on our industry have nurtured a strong focus on customer service and satisfaction.

The challenge is to find ways to build on the strengths of our profession and minimise our weaknesses. For example, we need to move further towards minimising our use of treatments which have no evidence base, we need to facilitate excellent customer service more widely, we need to force a strong code of conduct across the profession and we need to be always looking to improving our product through research and innovation.

Importantly, the physiotherapy profession needs to communicate its achievements and strengths and increase its influence in the external environment. This is my understanding of advocacy for APA members.

Advocacy is the most important service that the APA provides to its members. In my view, facilitation of research - which provides much of the material with which to advocate - comes a close second. However, physiotherapy research would continue with or without the APA. Advocacy across the complete spectrum of the profession, on the other hand, is the only key member service that would cease to exist if the APA ceased to exist. Large groups in the private sector would continue to advocate for the profession, but with an understandable bias towards their own interests in the first instance. Public physiotherapy departments or allied health organisations would also continue to advocate for the profession but likewise, with a narrow focus much of the time. The APA is the only body that will advocate for the complete cross-section of our diverse profession, with no bias subsequent to competition within the profession.

Strong and persuasive advocacy on behalf of the entire APA membership has never been more important. Membership surveys have repeatedly confirmed the importance of advocacy and most of the priority goals in the Association’s current strategic plan are advocacy-related. There is no shortage of specific items for which to advocate, nor of external bodies to lobby. Many items relate directly to remuneration and conditions; others - such as undergraduate student positions and professional autonomy - relate to issues that impact on the future of the profession.
Interestingly, though, the role of the APA in providing advocacy for its members is often overlooked when members sit back and assess what benefits they believe they getting from APA membership. This probably is due to the nature of advocacy – it is not a tangible service like a continuing education course, a brochure for the waiting room, or a copy of a Branch newsletter. Lobbying external parties and communicating the benefits of physiotherapy services to the users and purchasers of those services, is an ongoing process that does not always yield a prompt and easily measurable outcome. Specific measurements, such as the number of media spots over a given period, an increase in the fee paid by a Workcover authority, or an increase in funding for a public hospital physiotherapy service, can be useful to quantify our advocacy efforts but outcomes are often the cumulative result of many initiatives over an extended period of time.

It is also important that we advocate for our patients and other relevant groups in the community who may be in need of representation. There needs to be a balance between altruistic advocacy and strong advocacy for our members.

A significant percentage of the APA’s resources goes towards providing the infrastructure to support the Association’s advocacy agenda. A strong local presence in each state and territory capital, well qualified staff to prepare submissions and reply to the many queries from consumers and referrers, and a network to ensure consistent advocacy across our diverse profession, are all factors that require significant resources. We need to promote our advocacy agenda internally, as there are still some members who evaluate their satisfaction with APA services solely on the basis of their experience with a continuing education course, a commercial service such as discounted insurance premiums, the Journal, or Branch newsletters.

It is worth noting some of the recent APA activities which illustrate the size and depth of the advocacy agenda. In the few months prior to the publication of this edition of the Journal, the APA has:

- provided advice to the National Rural Health Alliance regarding increased rural access to physiotherapy through the establishment of an Allied Health Rural Incentives program and improved access to professional development and mentoring;
- held meetings with the Federal Shadow Minister for Health, and the national leader of the Democrats, in respect to funding for public hospital physiotherapy departments, physiotherapy undergraduate education, and access to radiological investigations for our patients;
- discussed rebates and new research with a major health insurance fund;
- participated in a Senate roundtable discussion inquiring into public hospital funding;
- conducted a number of significant Breakfast Forums across the country, for the purpose of presenting recent developments in physiotherapy research and evidence-based practice to general practitioners and medical specialists; and
- fielded numerous requests for information from the media, in regard to a new Back Pack developed through physiotherapy research.

In addition, the APA continued over this period to respond to the hundreds of enquiries that are received across the national network of Branches each week.

In summary, the APA must continue to advocate strongly. This requires resources and infrastructure but it is, in my opinion, the most important service the APA provides to its members.

I am looking forward to my term as National President and I believe we are well positioned to make the most of our opportunities and deal effectively with the challenges ahead. We have an excellent Board of Directors, a comprehensive depth of experience on our National Advisory Council, many dedicated office-bearers, and talented staff. I can assure all members that the Board of Directors will work hard to pursue strategic advocacy goals.