

Taking charge of change: A new career structure in physiotherapy

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Once again physiotherapy is at a crossroads in Australia, or rapidly approaching it. And once again the issue concerns our identity. This is nothing new in physiotherapy (Rothstein 2003). But recent changes in the Australian health care and education systems demand that we consider the future carefully and develop and implement a career structure that supports physiotherapists.

A career structure that is easily understood within and outside the profession should be integral to our identity. The structure should recognise, reward and encourage the development of knowledge and excellence. It should be universal throughout Australia. And it should be based on academic and clinical skills and experience.

The purpose of this editorial is to show how current changes in the health care and education systems, and in physiotherapy, could benefit our profession if we act now. The assumption is that all members of the profession, in the private and the public sectors, will want to contribute to driving our profession's future, rather than waiting for it to be foisted on us by others. After proposing a new career structure we will briefly review some of the recent and ongoing changes in the health care and education systems, and in the physiotherapy profession, that should drive us to implement a new career structure.

A new career structure

The growth in the physiotherapy knowledge base over the past decade raises some important questions. To what extent do we recognise the levels of expertise of our professional colleagues? How can the profession ensure that members continue to develop their expertise? What structure do we have that supports (and may make evident to non-physiotherapists) the considerable difference between the levels of knowledge and expertise of novices (new graduates) and expert clinicians? The current answers to these questions demonstrate a piece-meal approach by the profession: 'expertise' can be self-proclaimed; continuing professional education is not mandatory for registration; and some physiotherapists apparently still believe that post entry-level study is an indulgence once they have some clinical experience.

The following section suggests a career structure for physiotherapists. The basic premise is that physiotherapy will grow and develop a stronger identity only with a system for encouraging and rewarding those who develop,

and continue to develop, their knowledge and clinical expertise. In the public sector recognition needs to come from employers and government, and in the private sector, from purchasers of services including insurers and compensable bodies.

Stage 1

Entry-level practitioner An entry-level degree would be recognised for what it is, the minimum qualification necessary to work as a physiotherapist. This should apply in the private and public sectors now, and in the future, irrespective of any changes to entry-level clinical requirements.

Stage 2

Path 1 General physiotherapist The category of general physiotherapist should be much like that of a general practitioner in medicine. Just as general practitioners need to continue their formal education, we recommend that those calling themselves general physiotherapists should also have to acquire higher levels of academic knowledge, clinical skills and experience beyond those expected of an entry-level graduate. Many practitioners in both the public and private sectors will probably choose this path as it will reflect their breadth of practice.

Path 2 Specialist physiotherapist This is the alternative path at stage 2 for those who choose to specialise rather than be a general physiotherapist. Specialist physiotherapists will need post-graduate qualifications, clinical skills and experience in a recognised area of practice. This is the starting point for the next two stages, extended scope practice and consulting.

Stage 3

Extended scope physiotherapist Extended scope practitioners will be required to have a considerable depth of academic knowledge, clinical skills and experience in their area of specialisation. The expertise expected of extended scope physiotherapists should be beyond that of current grade 2 or 3 clinicians, and may involve experience in more complex treatment as well as the ordering and interpreting of tests of different types and performing minor medical procedures. The NHS in the UK has had this category of practitioner for several years and provides a clear description of what is required (The Chartered Society of Physiotherapy 2003).

Stage 4

Consultant physiotherapist Those recognised as consultants must, by implication, have a considerable depth of professional excellence and experience. Physiotherapists typically do not refer patients to other physiotherapists but we need to develop a system of recognised consultants who can provide expert advice. In the private sector consultant therapists should attract an appropriate level of fees and in the public sector consultant therapists should attract a commensurate salary.

The reasons for proposing the new career structure outlined here derive from the ongoing changes in the health care and education systems and in the physiotherapy profession. These are briefly described below.

Physiotherapy roles and the health care system

The role of a physiotherapist has changed considerably over the past three decades. The single most significant change was the move from working under instruction and doctors' orders to primary health care status. Our role as primary care practitioners is now well entrenched within Australian physiotherapy and the community. The next step in this evolutionary process is to develop a better defined and more extended career structure which is responsive to changes in both the public and private health sectors and anticipates new professional roles for physiotherapists.

The health care system is chronically under-funded. The diverse measures introduced to manage this situation include the case-mix funding system with its focus on reducing hospital lengths of stay, subsidised private health care insurance, and an increasing requirement for evidence of the cost-effectiveness of interventions, including those provided by physiotherapists. Most measures impact directly or indirectly on physiotherapists, starting during their entry-level education, and then in their day to day work in the public or private sectors.

A developing role for physiotherapists involves targeting those patients who will benefit most, on a cost-effective basis, from physiotherapy. This requires the further development of assessment and diagnostic skills, reliable risk screening tools to aid decision-making and the routine use of appropriate outcome measures. A recent study, for example, developed and used a screening tool to predict the risk of extended inpatient rehabilitation after hip or knee arthroplasty (Oldmeadow et al 2003). The screening process enabled the identification of a subgroup of patients whose outcomes at discharge were significantly improved with additional and targeted inpatient physiotherapy input (Oldmeadow et al in press). Consistent with this approach, a new screening and triaging role for physiotherapists has already been implemented in the UK (Daker-White et al 1999). The new role, extended scope practitioner, formally recognises opportunities "for healthcare professionals to develop skills that are beyond their traditional role" (p.1) and is supported by The Chartered Society of Physiotherapy (2003). Although such roles are developing in some places in Australia, this type of development needs

to be incorporated formally into an Australia-wide career structure for physiotherapists.

Another health care issue directly relevant to the discussion of a career structure is the chronic shortage of physiotherapists in many parts of Australia. This has become a major workforce issue (Malone 2003). The shortage of physiotherapists has occurred despite an almost doubling in the past 10 years of the number of Australian universities graduating physiotherapists. Rural and regional locations are worst affected and the shortages are in specific core areas and lower grade positions. The factors contributing to this shortage are complex, but the existing career structure for physiotherapists is unlikely to help reduce the shortage.

Physiotherapy education

Problems in current Australian physiotherapy education were discussed in an editorial written by the heads of physiotherapy schools in Australia and New Zealand (Crosbie et al 2002). The problems include obtaining clinical training placements, the increase in curricula content, and the very high expectations held of entry-level graduates (Crosbie et al 2002).

The difficulty in finding sufficient clinical placements for entry-level students is most relevant in this context as it affects the present and future physiotherapy profession. An absolute reduction in the number of hours spent in clinical affiliations is one option but this could adversely affect the international registration of Australian physiotherapy students given the WCPT requirement of 1000 clinical hours. Another option is to change how the number of hours is calculated (ie, redefine what constitutes a clinical hour).

Alternatively, future clinical training could be obtained in a structured internship (Allison 2002, Crosbie et al 2002). This could reduce the duration of entry-level bachelor degree courses (the reduction would be less for masters entry-level courses). But a structured internship after three or four years of study would require a considerable bureaucracy if it were to be administered effectively and to ensure compliance by all parties. Some of the current level of responsibility for clinical education would move from the universities to the health system or to the state registration boards.

Another possibility is to retain university responsibility for clinical education but to reduce the range of experience required for accreditation of entry-level courses by the Australian Council of Physiotherapy Regulating Authorities. Instead of the current requirement that a student obtain experience in all three specified core physiotherapy areas (cardiopulmonary, neurological and orthopaedic practice), perhaps in the future only two core areas should be required for registration. This is consistent with the relatively limited opportunities for acute care experience currently available for entry-level students. It would also recognise the depth of knowledge now required to work in a core area. Such a change would be entirely

consistent with the career structure for physiotherapists outlined in this editorial.

Another education-related change is the impact that graduates from entry-level masters programs may have on the profession and its career structure. These physiotherapists will have a broader academic base and a lesser period of professional socialisation than most current bachelor program students. The implications of this important and exciting change are neither known nor discussed. The profession needs, however, to ensure that it retains graduates and actively promotes their ongoing professional development. The structure proposed here is designed to provide a clear pathway for all graduates, one that provides the challenges and rewards necessary to encourage long-term retention and active participation in the profession.

Professional change

Changes are also happening on other fronts in physiotherapy. An increasing number of APA National Special Groups require practitioners who wish to claim expertise in an area, such as sports or musculoskeletal physiotherapy, to first meet agreed criteria. This requirement recognises that specialist practitioners need a greater depth of knowledge in their selected area of practice than do entry-level practitioners. Similar requirements should be developed and adopted in all specialty areas. This development is consistent with the proposed career structure. The second change is the entrenchment of extended scope practitioners in the UK and the introduction of similar models in some areas of Australia. Again, the proposed career structure incorporates this development. The third change is the expectation that physiotherapists need to participate in life-long learning. The growth in universities of graduate coursework and research programs for physiotherapists indicates that this is a general phenomenon throughout Australia but it is not confined to the universities. For example, the Australian Physiotherapy Association is a major provider of post entry-level education. The growth in post entry-level physiotherapy education is a response to the ever-growing body of knowledge and to the increasing social expectation of life-long learning and the focus on credentialing. The implications of this growth are firmly entrenched within the proposed physiotherapy career structure, which also differentiates the novices from experts in both the private and public sectors.

The future

The physiotherapy profession needs to develop strategies to implement a career structure. This proposal formalises changes that are already happening on a piece-meal basis, and it encompasses the generally recognised need for practitioners to be life-long learners. It is also consistent with the responses to the editorial by the Heads of Schools (Crosbie et al 2002). Those responses focussed not so much on entry-level education but on a post entry-level professional year (Allison 2002) and the need to develop

the specialisation framework (Grant 2002, Wellington 2002). Implicitly, they also indicated the extent of the awareness in the profession of the importance and interconnectedness of these factors.

Overcoming the different interests vested in retaining the status quo will not be easy. It will require considerable support from all levels of the profession, from members and non-members of the Australian Physiotherapy Association, and from the National Special Groups. A coherent and clear intra-professional structure, as proposed here, could provide a basis for us to resolve our identity crisis for ourselves and for our many external stakeholders. But we must not appease sectional interests and must keep in sight the main goal: to develop a career structure that is easily understood within and outside the profession, one that encompasses professional growth and expertise. Inaction will not stop changes, but the changes may not be to our liking. The future is in our hands.

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