



Guest Column

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Physios: we don't want to be doctors

Almost daily, there are disturbing media reports of a health system faltering under the weight of spiraling demand against increasing health workforce shortages. What is more disturbing, though, is the reluctance of certain medical groups and the government to accept the hand of assistance offered by physiotherapists and other allied health practitioners.

One solution is to allow other highly skilled health professionals, such as physiotherapists, to relieve doctors of some of their burden, and free them up to provide services only they have the training and expertise to deliver.

In the public setting, Australia lags well behind the UK which, facing a similar workforce crisis 10 years ago, successfully introduced more flexible work practices. With additional training, UK physiotherapists in public hospitals extended their scope of practice, dramatically easing pressure on doctors and reducing patient waiting times before receiving appropriate treatment.

Australia is testing the waters. Specially trained physiotherapists have performed triage roles in public hospital emergency departments

and outpatient clinics, with demonstrated reductions in waiting times and unnecessary surgical consultations. These roles, however, are not true extended scope roles – legislative arrangements constrain our highly trained physiotherapists to only limited employment of their full clinical abilities.

Funding arrangements in the private setting are another significant barrier. Health reform urgently needs to redress the inequitable referral arrangements that unnecessarily increase the cost burden on the patient and the Medicare system.

For instance, physiotherapists can refer patients to a radiologist for certain plain radiographs – and the evidence is that they do

so sparingly and appropriately – and a Medicare rebate is payable. Yet other safer imaging is only rebatable on a GP referral. Also, if a physiotherapist wishes to refer a patient to a surgeon, no rebate applies to that consultation or any ensuing services.

Therefore, patients seeking a Medicare rebate must consult a GP, which delays the health care process, wastes both patient and GP time, and impacts on the nation's health budget unnecessarily with a rebate for the cost of the GP visit.

Prescribing some medications in limited circumstances is another way physiotherapists could ease the burden on GPs, but are precluded from doing so. Why the inconsistency, when nurse practitioners, dentists, and some podiatrists are prescribing certain medications?

A more consistent functional approach is desperately needed.

Physiotherapists don't want to be doctors. We are, however, frustrated that a more judicious use of our skills to relieve burden on the system and allow better access and outcomes for patients – particularly in remote areas – is unnecessarily blocked by a minority intent on turf protection to the detriment of our patients.

We also don't advocate that all physiotherapists should suddenly be given *carte blanche* to extend their roles in clinical practice – far from it. Our recommendation is that, as in the UK, physiotherapists with appropriate higher training and accreditation be used to the patients' best advantage. ■