



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

**SUBMISSION TO THE SENATE
INQUIRY INTO THE HIGHER EDUCATION
LEGISLATION AMENDMENT (2006
BUDGET AND OTHER MEASURES) BILL
2006**

Presented to the Senate Employment and Workplace Relations and
Education Legislation Committee

Prepared by the

Australian Physiotherapy Association

September 2006

Authorised by

APA President, Cathy Nall

Australian Physiotherapy Association
3/201 Fitzroy Street
St Kilda Vic 3182
t: (03) 9534 9400
f: (03) 9534 9199
e: national.office@physiotherapy.asn.au

www.physiotherapy.asn.au

INTRODUCTION

The APA welcomes this inquiry by the Senate Employment and Workplace Relations and Education Legislation Committee into the Higher Education Legislation Amendment (2006 Budget and Other Measures) Bill 2006 (the Bill).

The Bill has some merit. However, APA is very concerned that the Bill represents a missed opportunity to address the inadequacy of Federal funding for: physiotherapy education; support for students on clinical placement; and scholarships for Indigenous Australians studying physiotherapy.

The following extracts from the 2004 APA Platform are relevant to this inquiry:

The APA contends that it is the responsibility of the Federal Government to ensure an adequate supply and distribution of physiotherapists to meet Australia's healthcare needs.

The APA contends that preventive health care is essential and should be a priority in health funding, and that physiotherapists are expert in the provision of preventive intervention and advice for physical wellbeing.

The APA contends that the Federal Government should provide financial support for pre-registration clinical education placements for physiotherapy students.

The APA supports equitable access to physiotherapy services for Indigenous Australians. (APA 2004)

The APA would be pleased to provide additional information on any aspect of this paper and to appear before the Committee to explain its perspective in detail.

RECOMMENDATIONS

Funding for the education of physiotherapy students

1. That physiotherapy be placed in the same funding cluster as medicine under the Commonwealth grant scheme for tertiary education.
2. That funding is allocated to develop, pilot, and evaluate innovative models of clinical education for physiotherapy.

Support for physiotherapy students on clinical placement

3. That physiotherapy students be provided with the same level of support while on clinical placement as is currently available to medical students.

Scholarships for Indigenous Australians

4. That funds be made available to the APA for the provision of a number of scholarships for Indigenous Australians to study physiotherapy.

Funding for the education of physiotherapy students

Among other matters, the Bill facilitates an increase in the Commonwealth funding for the education of nurses. This legislative development is welcomed by the APA. However, it means that the disparity in funding for education of nurses relative to physiotherapists has now widened considerably.

The APA and others are most concerned that the Federal Government has not used this legislative opportunity to address the critical lack of funding for the education of physiotherapists.

- In September 2006 *The Australian* newspaper reported that 'up to 200' physiotherapists may be ineligible to graduate because of insufficient funding for the requisite clinical experience [Franklin 2006].
- In August 2006 the vice-chancellor of Melbourne University, Professor Glyn Davis, said 'the most pressing issue for physiotherapy is funding'. Unlike medicine or nursing, physiotherapy receives 'no additional funding to assist with clinical education' yet the actual cost of educating a physiotherapy student was 'similar to educating a medical student [Davis 2006].

Academic research supports these concerns. The Health Professions Council of Australia (HPCA 2004) noted a funding 'crisis'. For example, under the Commonwealth Course Contribution Schedule 2005 physiotherapy received a Commonwealth contribution of about \$7392 per student. Medicine and veterinary science received twice as much, at \$15 422 per student. Nursing, classified as a national priority, attracted \$9733¹.

Consequently the HPCA urged the Federal Government to categorise physiotherapy and other health professions as Cluster 9 courses on the Commonwealth Course Contribution Schedule so that student places were funded at the same level as for those in medicine and veterinary science.

In a comprehensive analysis of Australian physiotherapy education, McMeeken et al (2005) noted:

The issue evoking most concern and comment is that of the ability of schools of physiotherapy and their professional clinical colleagues to continue to deliver appropriate clinical education within current resource constraints. This is one of the most significant challenges facing physiotherapy as a whole.

¹ Note these figures were for full-time equivalent students and the Commonwealth contribution is the base amount provided to institutions. The total Commonwealth funding that supports individual students is greater than this amount but the relativities are pertinent.

The funding models need to reflect the medical science nature of physiotherapy courses with their extensive clinical needs. Such funding has been recognised for medicine and dentistry for decades. Recently there has been Federal Government recognition that there are significant costs associated with the practical components of teaching and nursing. It is timely to acknowledge the need in physiotherapy education.

McMeeken (2005), like the HPCA, concluded by recommending: 'That the Federal Government should review the Commonwealth Course Contributions Schedule and reclassify physiotherapy as a clinically based medical science.'

Similarly, recent Productivity Commission (2006) research:

- observed that 'the current clinical training regime may not be sustainable over the longer term, due to lack of transparent and explicit funding';
- noted comments by the Australian Council of Deans of Health Sciences that 'access to quality clinical teaching placements is likely to emerge as the major rate limiting factor in an effort to ramp up professional training programs';
- foreshadowed this Bill (that facilitates increased funding for nurse education) but noted no commensurate funding for allied health courses; and
- quoted the APA as saying, 'There is a huge amount of pressure on public hospital physiotherapy departments to provide undergraduates with the experience they need to be job ready. The system largely functions on the goodwill of clinicians and is unsustainable'.

The three reports above all confirm the severity of the concerns identified and highlighted by APA over a lengthy time-frame.

The disparity of education funding between physiotherapy and medicine appears anachronistic and inconsistent. The resources required to deliver courses in anatomy, physiology and dissection classes, for example, are the same for physiotherapy students as they are for medical students. Furthermore, physiotherapists graduate as independent practitioners, who do not require an internship year. Thus it is arguable that more resources are required to provide clinical education to physiotherapy students than medical students. Yet, in 2006, physiotherapy schools still receive less than half the allocation per student per year from the Commonwealth that medical schools receive².

With the number of physiotherapy schools doubling in the past decade, there is increasing demand for clinical education places in public hospitals, but no concomitant increase in the size or capacity of physiotherapy departments to accept student placements. The lack of funding is severely hampering the capacity of physiotherapy schools to pursue additional private sector placements or innovations such as clinical simulation or standardised (actor) patients, to complement education provided in the public sector.

²The 2006 Commonwealth grants scheme contributions are \$7349 for physiotherapy studies and \$15 332 for medical studies per student per year.

The shortfall in funding of physiotherapy education is progressively taking its toll on schools of physiotherapy, with many schools perennially operating on deficit budgets. A crisis is looming in physiotherapy education and urgent attention is needed to increase base funding levels and increase the supply of clinical placements. Without urgent action physiotherapy education in Australia is poised to collapse.

The APA asserts that, in the medium term, physiotherapy must be brought into the same funding cluster as medicine. The inequitable disparity of education funding between physiotherapy and nursing was an issue of concern in 2004. Yet with the (unamended) passage of this Bill these concerns will be greatly exacerbated.

Physiotherapy is a clinical discipline – a fact not acknowledged by current levels of Commonwealth funding under the Commonwealth Grants Scheme. Undergraduate courses in physiotherapy need to be funded to a level at least comparable to that of nurses, to allow for funded clinical placements in hospitals and other facilities.

Although the Federal Liberal Party's Policy Platform (2003) commits to 'making health services available' and 'encouraging preventative measures', the question might be asked: Can the Liberal Party's policy intent for prevention of ill-health be fulfilled if the education of physiotherapy students remains inadequately funded?

In the short term, additional funding could be used to ensure the sustainability of existing programs, and provide support for placements in the private sector. With a substantial long-term injection of funds, schools of physiotherapy could: investigate new models of delivery in new settings (such as Indigenous health services, aged care facilities, and the community sector); trial the use of simulated patients; and research clinical simulations. Additional funding would also allow the pursuit of interdisciplinary clinical placements.

Recommendations:

1. That physiotherapy be placed in the same funding cluster as medicine under the Commonwealth grant scheme for tertiary education.
2. That funding is allocated to develop, pilot, and evaluate innovative models of clinical education for physiotherapy.

Support for physiotherapy students on clinical placement

Clinical placements are vital to the development of students' diagnostic, treatment, and communication skills. However, many physiotherapy students experience financial hardship when participating in clinical placements away from home.

All physiotherapy students are required to complete clinical training during their four-year undergraduate degree.

Universities are doing their best to support the government in attracting more physiotherapy graduates to work in rural and regional Australia by making it mandatory for students to complete non-metropolitan placements. [For a minimum of four to six weeks students are required to attend locations that are 90 minutes or more from their homes via public transport.] However, there is no recognition of this by government, as evidenced by the absence of financial support to meet the costs associated with placing students in non-metropolitan locations.

Educationally students need to be highly focused on the placement in order to gain the maximum benefit from it. Distractions created by financial worries or excessive travel detract from students' learning capacity and reduce the value of their experience.

No income support is provided for physiotherapy students on rural placements³. In most rural settings there is no longer inexpensive accommodation available at hospitals because many former nurses' quarters have been converted into administration and newer facilities do not have nurses' accommodation. This means that there is no inexpensive accommodation available to most physiotherapy students. In contrast medical students receive assistance in meeting accommodation costs.

Many physiotherapy students reside in rental accommodation in the vicinity of the university they attend. Thus to take a rural placement they have to pay double rent for the duration of the rural rotation.

Students also incur additional costs associated with food because the accommodation they secure is frequently without adequate cooking facilities. Other additional expenses include transport and STD telephone calls.

Transport costs can be extremely high for students to attend placements in places such as Katherine (NT), the Pilbara (WA), and Tasmania (where there is no physiotherapy school so all students come from interstate). Some

³ Other than in NSW where some students receive assistance under the rural grants scheme (see www.ruralhealth.gov.au) and some hospitals and health services provide discount accommodation on a first-come, first-served basis.

students can access travel subsidies but these are not universal and often do not reflect the true cost of transport.

Many students may risk losing part-time employment while completing clinical education away from home. One physiotherapy student said:

I have recently returned from a five-week placement in Bundaberg...With the combined loss of income (having to take time off work) this rural experience resulted in the loss of most of my savings. Of course it was quite difficult to save for this placement to begin with due to the limited time available to have a casual job. When I returned to Brisbane a few weeks ago I was informed that my job was no longer available due to the fact they obviously had to employ someone during the time I was away.

The situation is more difficult for students enrolled at rural universities, who are required to complete placements in capital cities and often in regional centres distant from their homes. These students spend more time away from home than their metropolitan counterparts. For example, students of Charles Sturt University will spend more than 24 weeks away from home on compulsory clinical placements during the course of their degree.

The majority of graduates of rural physiotherapy schools choose to practise in rural areas. This bears testimony to the premise that students trained in rural areas will end up practising in rural areas.

Rural students complete clinical placements away from home more often than metropolitan students and generally incur greater costs. Charles Sturt University has collected data on the costs of clinical placements to students since the inception of the physiotherapy program. Their data shows that students will experience:

- Additional accommodation costs of up to \$150 per week;
- Additional transportation costs of \$250 (including public transport from the accommodation to the placement, parking, tolls etc);
- Up to \$200 per week in loss of earnings.

It would not be unusual for a student to incur costs of up to \$1600 over a four-week placement. While students are advised of the costs associated with clinical placements when they commence study this does not relieve the financial burden or stress associated with meeting the costs.

Physiotherapy schools are doing all they can to make it easier for students to concentrate on learning but without financial support from government there is only so much they can achieve.

Recommendation:

3. That physiotherapy students be provided with the same level of support while on clinical placement as is currently available to medical students.

Funding of physiotherapy scholarships for Indigenous students

The APA acknowledges the provisions of the Bill that provide for indexation increases of funding for Commonwealth Scholarships. The APA also supports Federal funding for medical, nursing, and pharmacy scholarships for Indigenous students and believes that this approach should be extended to physiotherapy. The APA proposes the establishment of three Indigenous physiotherapy scholarships valued at \$15 000 per annum for the duration of the course.

The APA is committed to working for the better health of Indigenous Australians. The APA (2002) Position Statement on Indigenous Health places 'particular importance on greater accessibility to, and utilisation of, culturally appropriate physiotherapy services'. Furthermore the APA (2006) Indigenous Health Action Plan includes an aim to 'promote employment of Indigenous people in physiotherapy and related fields'.

Indigenous Australians are under-represented among physiotherapists. Research by Access Economics (2004) highlighted the number of Indigenous health professionals needed to close the 'under-representation gap', see Table 1 below.

Table 1: Number of Indigenous Health Professionals that need to be trained.

Health occupation	Number of Indigenous health professionals in 2001	Number required to close under-representation gap	Gap
Registered nurse	789	3 359	2 570
GP/medical specialist	90	1 018	928
Retail pharmacist	10	285	275
Physiotherapist	29	242	213
Dentist	13	174	161
Medical imaging	14	163	149
Occupational therapist	7	126	119
Optometrist	5	64	59

In addition the APA contends that this number of Indigenous health professionals may actually need to be increased to account for the heavier burden of disease carried by Indigenous Australians.

Recent higher education statistics (DEST 2006) show that the total number of Indigenous students enrolled in higher education in Australia decreased by 5.9% from 2004 to 2005. Furthermore, a decrease was also recorded for Indigenous students commencing 'special interest courses' as a percentage of commencements⁴.

⁴ Note: 'Special interest courses' are 'nursing, initial teacher training and medical practitioner'. The paper provided no analysis for physiotherapy.

It is noteworthy that the Federal Liberal Party's (2004) most recent election policies include a commitment to 'additional funds to improve access to health services' and funding of 'tertiary scholarships' for Indigenous students.

Recommendation:

4. That funds be made available to the APA for the provision of a number of scholarships for Indigenous Australians to study physiotherapy.

ABOUT THE APA

The Australian Physiotherapy Association (APA) is the voice of the physiotherapy profession in Australia and leads the profession internationally. Physiotherapists must be fully qualified and eligible for registration with the Physiotherapists' Registration Board in their respective State or Territory to be eligible for full APA membership. Australia has approximately 11 300 registered practising physiotherapists. The APA has more than 11 000 members. The APA national office is located in Melbourne, with branch offices in every state and territory. Further information on the APA is available at <www.physiotherapy.asn.au>.

APA VISION

All Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

References:

Access Economics (2004): Indigenous Health Workforce Needs.

[http://www.ama.com.au/web.nsf/doc/WEEN-6PV36B/\\$file/Access_Economics_Paper_Indigenous_Health_Workforce_Needs.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PV36B/$file/Access_Economics_Paper_Indigenous_Health_Workforce_Needs.pdf)
[Accessed September 13 2006]

Australian Physiotherapy Association (2006): Indigenous Health Standing Committee Action Plan.

Australian Physiotherapy Association (2004): APA Platform.

http://apa.advsol.com.au/physio_and_health/public/download/APA_platform.pdf
[Accessed September 13 2006]

Australian Physiotherapy Association (2002): Position Statement on Indigenous Health.

http://apa.advsol.com.au/independent/documents/position_statements/public/IndigenousHealth.pdf [Accessed September 14 2006]

Davis G (2006): 'Melbourne's role in educating tomorrow's health professionals'. Melbourne Update.

Department of Education, Science and Training (2006): Students, Selected Higher Education Statistics.

http://www.dest.gov.au/NR/rdonlyres/F1331710-F793-4E81-8867-B5FAF1AEC4DE/13781/2005_student_full_year_data.pdf [Accessed September 14 2006]

Franklin M (2006): 'Boost for Medico Training', The Australian, September 1 2006.

Health Professions Council of Australia (2003): Solving the Crisis in Clinical Education for Australia's Health Professions.

http://www.shpa.org.au/pdf/whatsnew/hpca_clin.pdf#search=%22%22Solving%20the%20Crisis%20in%20Clinical%22%22 [Accessed September 14 2006]

McMeeken J, Webb G, Krause K, Grant R and Garnett R (2005): Learning Outcomes and Curriculum Development in Australian Physiotherapy Education. The University of Melbourne.

http://www.autc.gov.au/projects/completed/loutcomes_physiophtherapy/learning_outcomes_dev_physiotherapy.pdf [Accessed September 14 2006]

Productivity Commission (2006): Australia's Health Workforce.

<http://www.pc.gov.au/study/healthworkforce/finalreport/healthworkforce.pdf>
[Accessed September 14 2006]

The Liberal Party of Australia (2004): Federal Platform.

<http://www.liberal.org.au/documents/federalplatform.pdf> [Accessed September 14 2006]

The Liberal Party of Australia (2004): The Howard Government, Election 2004 Policy, Indigenous Australians.

http://www.liberal.org.au/2004_policy/Sept17_Indigenous_Australians_-_Opportunity_and_Responsibility_Policy.pdf [Accessed September 14 2006]