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Rural and Remote Australia

Background

According to the Australian Institute of Health and Welfare (AIHW), the health of Australians living in rural and remote areas is generally poorer than those living in major cities. The mortality rate of Australians living in rural and remote regions is 10 per cent higher and can be attributed to factors that include an increased number dying from coronary heart disease, other circulatory disease, and chronic obstructive pulmonary disease.

There are significantly more potentially preventable hospitalisations than in metropolitan areas¹, and chronic diseases such as arthritis, bronchitis and osteoporosis are also more prevalent.²

Physiotherapists form a vital part of health care teams in rural and remote areas. The skills and training of physiotherapists mean they are capable of working with a wide variety of conditions and disabilities to improve the health and wellbeing of individuals across the lifespan³, delivering improved population health outcomes within their local areas.

Physiotherapists in rural and remote areas serve a more dispersed population, in a cross-cultural environment with greater health challenges, higher rates of smoking, alcohol consumption, obesity and lower rates of physical activity.⁴ Frequently, physiotherapists working in rural and remote areas must travel substantial distances to provide outlying towns with services.

Physiotherapists have a well-established role to play in the treatment and maintenance of chronic conditions such as cardiovascular disease, chronic obstructive pulmonary disease, diabetes, osteoporosis, arthritis, obesity, and hypertension.

The educative focus they adopt in areas such as chronic disease management, self-management techniques and lifestyle and physical activity counselling aligns well with the primary health care philosophy of consumer and community empowerment.

Rural and remote physiotherapists will often have developed skills to work as solo practitioners in the analysis, planning, submission, implementation, and evaluation of health service delivery. They will often have developed the ability to understand and interpret community needs and, in the absence of local or formalised support and resource networks, the ability to work unsupervised and with initiative in meeting those needs. Yet at the same time they are aware of the need to develop their own informal networks of professional support and to maintain and update their professional skills through accessing relevant continuing education opportunities.

Workforce issues

The physiotherapy workforce is not evenly distributed, with the majority of physiotherapists working in major cities, and this has resulted in a shortage of physiotherapists in rural and remote areas.⁵ Rural and Remote Australia has less physiotherapists per capita compared to metropolitan areas (Health Workforce Australia, 2014).

Whilst physiotherapist numbers have been increasing^{6 7 8}, factors that include population growth and an ageing population have similarly seen an increase in demand for physiotherapy services.^{9 10 11} This growth is also mainly focussed in the major cities.

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Physiotherapists are an integral part of the community providing services in private, public and the not-for profit sector and work collaboratively with other health professions in these settings. The shortage of physiotherapists in these areas significantly affects the delivery of health services across the spectrum of primary, secondary and tertiary health services. This also increases the strain on already over-stretched rural and remote health resources.

There are several reasons for the mal-distribution of the physiotherapy workforce, and they include:

- Generally, a lack of incentives for physiotherapists to work and live, or relocate to rural and remote areas of Australia.
- A higher rate of attrition in the rural and remote physiotherapy workforce compared to the rate in major cities, due to factors such as professional isolation, lack of career structure and suboptimal management of allied health professionals in rural areas.
- Physiotherapists working in rural and remote areas of Australia have poorer access to professional development opportunities and can lack professional support compared to their colleagues working in major cities.

Some issues identified above have begun to be addressed through schemes such as the Nursing and Allied Health Rural Locums Scheme, reduced rates for attending professional development, allied health scholarship programs for rural and remote practitioners and work on a Rural Generalist Pathway to provide a career structure for rural and remote physiotherapists.

Aboriginal and Torres Strait Islander health

Larger proportions of Aboriginal and Torres Strait Islander people live in rural and remote areas^{12 13}, and when compared to other Australians, they have higher prevalence of cardiovascular diseases, respiratory diseases, and higher rates of hospitalisation for injuries.¹⁴

Aboriginal Community Controlled Health Services are the preferred and most culturally appropriate organisations to deliver health services to Aboriginal and Torres Strait Islanders, however access to physiotherapy in these organisations is limited.¹⁵ A 2001 survey of the 1216 discrete Aboriginal and Torres Strait Islander communities, mainly in remote Australia, found that 60 per cent had no access to a physiotherapist.¹⁶

The provision of culturally appropriate services to Aboriginal and Torres Strait Islander people takes local connections, time and education. The APA recognises that these require health practitioners to invest time, financial and staff resources to develop and maintain. It is also important that greater numbers of Aboriginal and Torres Strait Islander people take up training to become physiotherapists themselves, and thus improve the access of physiotherapy services to Aboriginal and Torres Strait Islander communities.

Generalist physiotherapists

Generalist physiotherapists provide a wide range of clinical services. They may possess skills and experience covering a broad scope of physiotherapy practice to address the needs of their community.

The services these physiotherapists provide also extend beyond the parameters of a specific clinical area and can include such activities as:

- Community participation
- Involvement with health education
- Health promotion

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- Volunteer work with community groups, including sporting clubs
- Patient advocacy
- Case coordination and management
- Applied service delivery research and project work
- Staff training
- Team management

In addition to the responsibility for physiotherapy services, generalist physiotherapists often need to develop trans-disciplinary skills if there are no other allied health professionals in the area. Efforts need to be applied at formalizing context specific training for rural/remote physiotherapists, for acknowledging rural/remote expertise attained, and for salary structures commensurate with the skills required of generalist physiotherapists in isolated settings.

APA position

Australians living in rural and remote areas have a right to access to quality health care which is equivalent to that provided in urban areas. Physiotherapists form a vital part of health care teams in rural and remote areas, possessing skills and training to work with a wide variety of conditions and disabilities to improve the health and wellbeing of individuals across the lifespan.

The APA position is that:

- Governments and the relevant agencies need to introduce and support programs to increase the ratio of physiotherapists to persons living in rural and remote areas of Australia.
- Adequate investment into rural and remote health care systems is needed to ensure people living in rural and remote areas receive health care that meets the higher rates of illness and cost of care.
- The experience and skills of rural and remote physiotherapists must be duly recognised within the appropriate public sector award system and rural incentives program.
- Rural and remote physiotherapists should be adequately supported to access professional development to assist them in developing and maintaining the broad range of skills required.
- The nature and extent of the demands made on generalist practitioners and the diversity of skills required necessitate careful consideration of areas for continuing professional development and the improvement of informal support networks.
- The APA promotes increasing the number of Aboriginal and Torres Strait Islander physiotherapists through efforts to attract and support Aboriginal and Torres Strait Islander students and their transition into physiotherapy study.
- Governments should provide financial incentives to support the development of increased cultural competency of physiotherapists.
- Provision of culturally safe services to Aboriginal and Torres Strait Islander peoples is vital to closing the gap in life expectancy, and governments at all levels must support health practitioners and associated staff to gain and maintain the appropriate understanding of culturally safe practice.
- Physiotherapists should be supported in both the delivery and receipt of physiotherapy education services, with adequate resources to support the delivery of physiotherapy education.

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- Physiotherapists should have access to incentives under Medicare Australia for working in rural and remote Australia. This is required to support the viability of private physiotherapy practice in rural and remote areas.
- Incentives for capital investment in telehealth and tele-rehabilitation equipment should be available to physiotherapists, particularly for those practicing in rural and remote areas.
- Physiotherapy patients should be eligible for Medicare rebates that support rural and remote access to specialist medical practitioners.

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