

APA Feedback on the Consultation Paper:

Establishment of a Central Adelaide Local Health Network Allied Health Structure

February 2014

5 February 2014

Mr Paul Lambert
Executive Director Allied Health
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North Terrace
ADELAIDE SA 5000

Dear Mr Lambert

As you would be aware, the Australian Physiotherapy Association (APA) is the peak body representing the interests of physiotherapists and their patients. The APA has nearly 15,000 members nationally with some 1400 in South Australia.

The APA has recently been made aware that the document titled *'Establishment of a Central Adelaide Local Health Network Allied Health Leadership Structure'* detailing the proposed allied health structure for the CALHN, has been released for consultation.

The APA considers it is most appropriate that feedback is delivered by front-line allied health staff within CALHN on the vast majority of the proposals within the restructure.

The APA however would like to specifically comment on the proposals noted at 2.7:

"Single Discipline Directors positions will be created for the larger allied health disciplines across Central Adelaide. These will operate across the acute sites (RAH and TQEH), sub-acute areas and rehabilitation (HRC and SMRH) with professional links into Primary Health Care and Mental Health. They will have operational and professional accountability for staffing and budgets delegated from the Executive Director Allied Health".

Further at 5.3:

"Discipline Directors will be established for each profession where complexity and scope justifies this position. The following positions are proposed:

- *Central Adelaide Director of Social Work*
- *Central Adelaide Director of Occupational Therapy*
- *Central Adelaide Director of Physiotherapy and Exercise Therapies*
- *Central Adelaide Director of Dietetics and Nutrition*
- *Central Adelaide Director of Speech Pathology and Audiology*
- *Central Adelaide Director of Podiatry*
- *Central Adelaide Director of Psychology (Clinical and Neurology)*
- *State-wide Director of Orthotics and Prosthetics [appointed]"*

The APA notes current service arrangements in Central Adelaide provide individual professional departments for:

- Physiotherapy
- Occupational Therapy
- Social Work
- Dietetics and Nutrition
- Speech Pathology
- Orthotics and Prosthetics
- Podiatry

- Audiology
- Clinical Psychology
- Neuropsychology
- Exercise Physiology

The APA notes that for all of the above existing Departments, individual Directors Disciplines have been created, except for Physiotherapy and Exercise Physiology, and Speech Pathology and Audiology, where mergers of these respective departments are proposed.

Given point 2.7 states that “*Single Discipline Directors will be created for the larger allied health disciplines*”, it seems inequitable that physiotherapy in particular, with one of the largest cohorts of staff would not have a single Director.

The Director of Physiotherapy and Exercise Therapies would ultimately have enormous responsibility for the large cohort of physiotherapy staff and exercise physiologists within the Departments of the Royal Adelaide Hospital, the Queen Elizabeth Hospital, St Margaret’s Rehabilitation Hospital and Hampstead Rehabilitation Centre. In addition, the Director would have responsibility for the physiotherapy staff involved in more ‘specialised’ advanced roles in areas such as Cardiorespiratory and Emergency Department, as well as those within the team-based units such as:

- Brain Injury Rehabilitation Service (BIRU and BIRCH)
- Spinal Outreach Rehabilitation Team
- Day Rehabilitation Centre
- Diabetes Centre
- RAH Wellness Centre
- Pregnancy Advisory Centre
- Palliative Care

The APA is therefore of the view that the ‘*complexity and scope*’ of the physiotherapy discipline alone would ‘*justify a single Director position*’, which exactly is what the proposal at 5.3 describes.

The roles of the Discipline Director are noted as:

- *Working as allied health leaders as part of the Allied Health Directorate Executive Management Team.*
- *Advising the Chief Executive Officer, Executive Director Allied Health and Allied Health Directorate Leads on profession specific matters.*
- *Formally represent allied health in the Clinical Directorates.*
- *Working as part of multi-disciplinary change teams to develop new services and to prioritise service delivery according to the SA Health Plan, Central Adelaide.*
- *Transition Plans and allied health strategic and operational plans.*
- *Managing services and change, coordinating attraction, recruitment, selection, retention, deployment and succession planning for their discipline across Central Adelaide.*
- *Ensuring staff are appropriately skilled to perform the clinical roles that are undertaken.*
- *Operational budgeting and resource management: Staffing and non-staff budgets for their professional service where operational responsibility is identified.*
- *Clinical and professional governance within their profession including compliance with credentialing, scope of practice processes, continuing professional development and supervision across Central Adelaide.*

Given the scope and volume of responsibilities detailed above, the role of a Director in charge of both existing Physiotherapy and Exercise Physiology departments would be onerous. Additionally, should the restructure result in a merger between Physiotherapy and Exercise Physiology then the Director’s role would, by necessity, have to be filled by someone who has the training, skills and experience to be making high level clinical decisions for both physiotherapy and exercise physiology.

The APA would strongly advocate that the Director must be a physiotherapist, as opposed to an exercise physiologist, for the following reasons:

1. Physiotherapy is one of 14 health professions that are regulated by nationally consistent legislation under the National Registration and Accreditation Scheme. As such, all physiotherapists are registered with the Australian Health Practitioner Regulation Agency (AHPRA) which ensures that they are suitably trained and qualified to provide safe healthcare.

Exercise physiologists are not registered health practitioners. Instead, Exercise Physiology is a self regulating profession under the National Alliance of Self Regulating Health Professions - which also represents dietitians, social workers and sonographers.

2. Physiotherapists are highly trained allied health professionals with a sophisticated understanding of biopsychosocial factors that impact patient recovery. Physiotherapists are widely recognised as being skilled in clinical diagnosis with expertise in delivering appropriate physiotherapy intervention. All physiotherapy interventions are provided on the basis of scientific knowledge, evidence and clinical expert opinion, thorough assessment, diagnosis and ongoing evaluation.

Exercise physiologists are not qualified to provide clinical diagnosis or the delivery of medical expert services.

3. Physiotherapy scope of practice involves a broad and varied array of treatment modalities, one of which is exercise prescription. A physiotherapist's core competency is to diagnose, then tailor a graded exercise program for the individual patient. Physiotherapists can modify and adapt prescribed exercise modifications, so that the benefit of increased physical activity is achieved without aggravating the coexisting musculoskeletal problems or existing health conditions.

The exercise physiologist's role is more to equip the client with the necessary skills and knowledge to progress his/her own exercise program independently.

4. Workers Compensation agencies across all states, and related legislation, class physiotherapists as "medical experts". The *'WorkCover SA Schedule of Fees and Services'* for example list a vast array of "medical expert services" and items that only physiotherapists are allowed to provide.

Workers compensation agencies do not recognise exercise physiologists as "medical experts". The most common services provided to injured workers by exercise physiologists are physical rehabilitation (gymnasium) services and these are classified as non-medical expert services. In some states, exercise physiologists are not approved as allied health providers.


5. Physiotherapists must maintain ongoing Professional Development as part of their registration. Physiotherapists, as a result, continually advance their clinical skills throughout their respective careers. The most highly trained of these physiotherapists are often recognised under the APA specialisation pathway as 'titled' physiotherapists and later they may advance to become 'specialist' physiotherapists. 'Titled' physiotherapists have usually undertaken post graduate masters study in their particular specialty and are often involved in treating patients with chronic or complex injuries, and achieving improved treatment outcomes such as increased capacity, early recovery and reduced health costs. Physiotherapists who currently work within team based units such as the Brain Injury Rehabilitation Service (BIRU and BIRCH) and the Spinal Assessment and Outreach Rehabilitation Team will usually be 'titled' APA members and/or recognised as having advanced clinical skills.

Exercise Physiology does not have any such similar credentialing/specialist pathway.

In conclusion, the APA contends that the position of Director of Physiotherapy and Exercise Physiology must only be open to someone who is a physiotherapist first of all, and ideally one with clinical experience and advanced leadership skills. The APA is confident that a physiotherapist would be more than capable of making the correct strategic and clinical decisions on behalf of exercise physiology.

The APA maintains that an exercise physiologist would simply not have the understanding or experience to make the advanced level of decisions necessary for the physiotherapy discipline.

Yours sincerely



Paul Wilcock
APA (SA) President