

**APA Submission in regard to the Consultation draft
Guidelines of the provision of relevant services
(Health and related services)**

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Authorised by:

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes the opportunity to provide feedback on the Consultation Draft Guidelines for the Provision of Relevant Services (Health and Related Services).

Physiotherapists in New South Wales (NSW) are vital to the provision of best practice, evidenced-based diagnostics, treatment, and return to work and wellbeing of injured people in NSW workers compensation and Compulsory Third Party (CTP) schemes.

Central to our recommendations are the following:

1. Concerns of how SIRA will pre-emptively review and monitor ongoing disparity between the standards set by AHPRA for Physiotherapists and an alternate self-regulating professional association.
2. Concerns regarding notification requirement expectations.
3. Concerns regarding the requirements for communication with the support team.
4. Concerns regarding the guidelines and limitations of the provision of concurrent services.

1. Potential disparity between AHPRA and a self-regulating professional association 21

The APA have concerns that while Physiotherapists are held to account by the high standards set by AHPRA and our national board, this may not equally occur with other non-AHPRA registered allied health practitioners.

The APA do not believe that sufficient context is provided in this section regarding how SIRA would pre-emptively handle and monitor ongoing differences between standards set for registered and non-registered AHPRA practitioners and the implications of this.

An example of this would be that if a Physiotherapist uses a patient testimonial, this would grounds for review by AHPRA and in turn would require a Physiotherapist to notify SIRA of such.

Alternatively, for non-AHPRA registered practitioners, the use of testimonials already occurs extensively and apparently without restriction.

The APA would strongly encourage SIRA to consider additionally using these guidelines as an opportunity to lift the standards for non-APPRA allied health practitioners to a level equitable with standards set by AHPRA, which would eliminate any ongoing disparity.

2. Notification requirement expectations 23.b/d

The APA would ask SIRA to consider that if a Physiotherapist sees a very small proportion of SIRA-related patients, and that a non-SIRA related matter has been referred to AHPRA, that it may not be at the forefront of their mind to be notifying SIRA of the situation. A level of leniency may need to occur in these situations.

3. Requirements for communication with the support team

The APA are highly supportive of Physiotherapy engaging in timely and effective communication and see it as integral to the delivery of high value care.

There are occasions where communication may be required to be undertaken outside of a consultation time and does not fall within the definition of case conferencing. In cases where reporting is required outside of consultation time, no pre-approval provisions exist for the Physiotherapist and an insurer has 21 days to consider and often results in non-approval of the request from the Physiotherapist.

The APA would have significant concerns about a Physiotherapist being penalised for a lack of communication because an insurer has failed to provide approval for the communication.

4. The provision of concurrent services- 35.b.i

While the APA are principally in agreement with the discouragement of concurrent physical services, we believe that the proposed level of 2 overlapping consultations could be highly restrictive in certain cases and result in an impact to persons recovery.

Such examples would be:

- A person has been undergoing a course of generalised intervention with a Physiotherapist, in accordance with evidenced based guidelines, but it has then been recommended that the person receive additional and concurrent input from a separate Physiotherapy Specialist (ie musculoskeletal or pain specialist).
- A person has been undergoing a course of generalised intervention with a Physiotherapist, in accordance with evidenced based guidelines, but that a medical specialist has additionally asked for a more specialised, localised and concurrent level of post-operative Physiotherapy.

It is suggested that SIRA should include a caveat in this section similar to section 30.c whereby the physiotherapist has an opportunity to provide clinical justification to the insurer, if concurrent treatment is required beyond these levels.

Additionally, the APA would encourage that SIRA implement a further expectation that in cases where the instigation for concurrent treatment occurs following a recommendation from a workplace rehabilitation provider or insurer to the treating doctor (particularly for exercise physiology) that an opportunity has occurred for the physiotherapist to have been involved in these discussions prior to concurrent treatment commencing. The APA holds the view that it remains highly unethical behavior by workplace rehabilitation provider and insurer for these discussions to be occurring without equal opportunity for the Physiotherapist to provide input.

Conclusion

The APA thanks SIRA for the existing opportunity to provide input into the consultation draft guidelines.

The APA thanks SIRA for their formal review of this submission.

The APA vows to continue working closely with SIRA to assist with the implementation of the recommendations.

The APA is committed to improving the value of the health system. Physiotherapists constitute a valuable resource which is being utilised in many countries to streamline services and make them more efficient and cost-effective.

About the APA

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 31,000 members who conduct more than 25 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.