

8 March 2007

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Diane Salter
Public Submissions
Review of Physiotherapy Services
Workplace-ACC Policy
Department of Labour
PO Box 3705
Wellington

Dear Diane,

Re: Submission to the Independent Review of Physiotherapy services

Please find attached my written submission, for the independent review of the way in which physiotherapy services are funded and accredited by ACC.

Please do not hesitate to contact me if you have any queries.

Yours sincerely



Lynne Taylor
Senior Lecturer

8 March 2007

Ministerial Review of Physiotherapy Services

**Submission from Lynne Taylor,
Senior Lecturer
School of Physiotherapy
Auckland University of Technology**

This submission details findings from a study on advertised physiotherapy vacancies in New Zealand over the period of January to December, 2006. I hope this submission will assist the Reviewer by providing relevant background information on the current New Zealand physiotherapy workforce and open discussion on future challenges for New Zealand physiotherapy services.

The New Zealand Physiotherapy Workforce- an audit of advertised vacancies in 2006.

Introduction

An increased emphasis has been placed on health workforce planning in the past six years. The New Zealand Health Care Strategy (implemented in 2001) links to any workforce development plans, in that it defines where health funding will be directed. This strategy identifies 13 objectives for implementation in the short and medium term. There are also associated strategies, targeting specific populations. Specifically relevant to physiotherapy are the Health of Older People, Maori Health, New Zealand Primary Health Care and New Zealand Disability strategies.

To support these strategies, the Health Work Force Advisory Committee developed a discussion document which addressed workforce planning areas including redesigning of primary health care services, the effective skill mix; maldistribution and shortages of health practitioners and education of health workers¹. In parallel, health workforce shortages were anecdotally identified in a number of disciplines including physiotherapy². Since physiotherapists comprise the fourth largest group of registered health professionals behind nurses, medical practitioners and pharmacists, there is a need to consider how physiotherapists can best contribute to the health care strategies and whether physiotherapy services are positioned to meet the future health needs of a growing aging population.

Physiotherapy services are primarily funded through either the Accident Compensation Corporation or by the Ministry of Health through District Health Boards. While ACC covers accident-based injuries, the Health Care Strategy covers

¹ The Health Work Force Advisory Committee retrieved from <http://www.hwac.govt.nz/publications/discussiondocument/FramingFutureDirectionsDiscussionDocument>

² Cornwall & Davey, 2004. Impact of population aging in New Zealand on the demand for health and disability support services, and workforce implications. Ministry of Health

Health Workforce Advisory Committee, 2001. The New Zealand Health workforce- a stocktake of issues and capacity. Retrieved from <http://www.hwac.govt.nz/publications/stocktakereport>

much broader objectives, with an emphasis on non-injury based disease and prevention. Together with the emergence of Primary Healthcare Organizations, the health strategies may re direct the current emphasis of physiotherapy away from rehabilitation of primarily musculoskeletal based injuries.

On this basis, the intention of this current audit of physiotherapy vacancies was to identify the current workforce needs in terms of work type, work experience required and location of vacancies. This provides an indication of whether this workforce is meeting current requirements and opens discussion as to how to plan for future physiotherapy service needs.

Background - The Current New Zealand Physiotherapy Workforce

A comparison of physiotherapy workforce statistics from 2000 to the most recent in 2004, provide some indication of trends in the workforce profile³.

There has been a rise in the number of practicing physiotherapists from approximately 2500 in 2000 to 2950 in 2004. This maybe accounted for by an increase in the number of overseas applicants gaining registration and an increase in the number of New Zealand graduates. In total there were 491 new NZ registrations granted 2004 compared with 218 in 2000⁴.

The main work setting for physiotherapists is in private practice, followed by the District Health Boards. There appears to be a slight increase in the proportion working in private practice and a similar reduction to those in District Health Board settings. In 2000, 50% of physiotherapists were in private practice, compared with 54.8% in 2004. By comparison, 30.5% were in DHBs in 2000 compared with 26.6% in 2004.

The largest proportion of physiotherapists was in the 45-50 year age group in 2004, compared with 40-45 year bracket in 2000, while the number of physiotherapists in the 25-35 year age groups has remained static. The workforce is predominantly female (80.3% in 2000; 81.2% in 2004), though there is a gradual change in ethnic

³ New Zealand Health Information Service, 2000 and 2004, retrieved from <http://www.nzhis.govt.nz/publications/>
⁴Physiotherapy Board of New Zealand Annual Reports 2005 and 2003, retrieved from <http://www.physioboard.org.nz/docs/>

representation, with a slight reduction in the NZ European physiotherapists (from 80.1% to 72.5%) and a small rise in NZ Maori (0.7% in 2000; 3% in 2004).

Methods

We sought to identify the need for physiotherapists by identifying advertised physiotherapy vacancies over the period of January-December 2006 from the following sources:

- The New Zealand Herald
- The Otago Daily Times
- The Dominion Post
- The Christchurch Press
- The Zealand Society of Physiotherapists' (NZSP) monthly newsletter

Newspapers were searched for vacancies on Mondays, Wednesdays and Saturdays. The NZSP newsletter vacancies were collected monthly. Duplicate advertisements of the same vacancy published within the same month were deleted.

Vacancies included in the analysis were permanent full or part time physiotherapy vacancies located in New Zealand

Exclusion criteria were:

- Vacancies of less than 6 months duration
- Locum/temporary positions
- Overseas vacancies

The details of vacancies from each source were recorded using the work type categories listed in the "New Zealand Health Information Service" publications for physiotherapy.

Results

Advertised vacancies by position description

There were 541 new vacancies advertised over the period of January to December 2006.

When analysed by position description (work type), the largest group of advertised vacancies was for musculoskeletal private practice physiotherapists (n= 312; 57.7%).

This was followed in equal proportions by vacancies in adult neurology and cardiorespiratory physiotherapy (n= 25; 4.6% each) and musculoskeletal in-patients (n= 21; 3.9%). The remaining vacancies were spread over the work types detailed below.

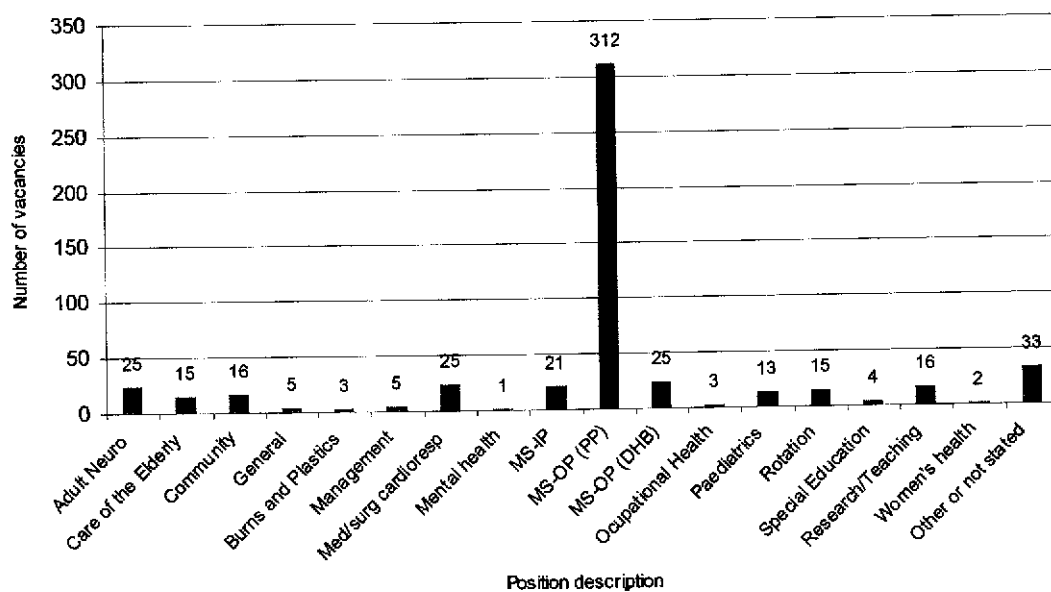


Figure 1: Vacancies in each work type

Advertised vacancies by employment setting

The largest number of vacancies were in private practice (n=329), followed by the District Health Boards (n=162). Universities, schools, private hospitals contributed to the remainder (Figure 2).

As expected, 95% of the vacancies in private practice were in musculoskeletal physiotherapy. District Health Board vacancies were spread over a range of areas including: musculoskeletal outpatients (15%), musculoskeletal inpatients (orthopaedics) (13%), cardiorespiratory physiotherapy (14%), adult neurology (9%) and a range of smaller areas.

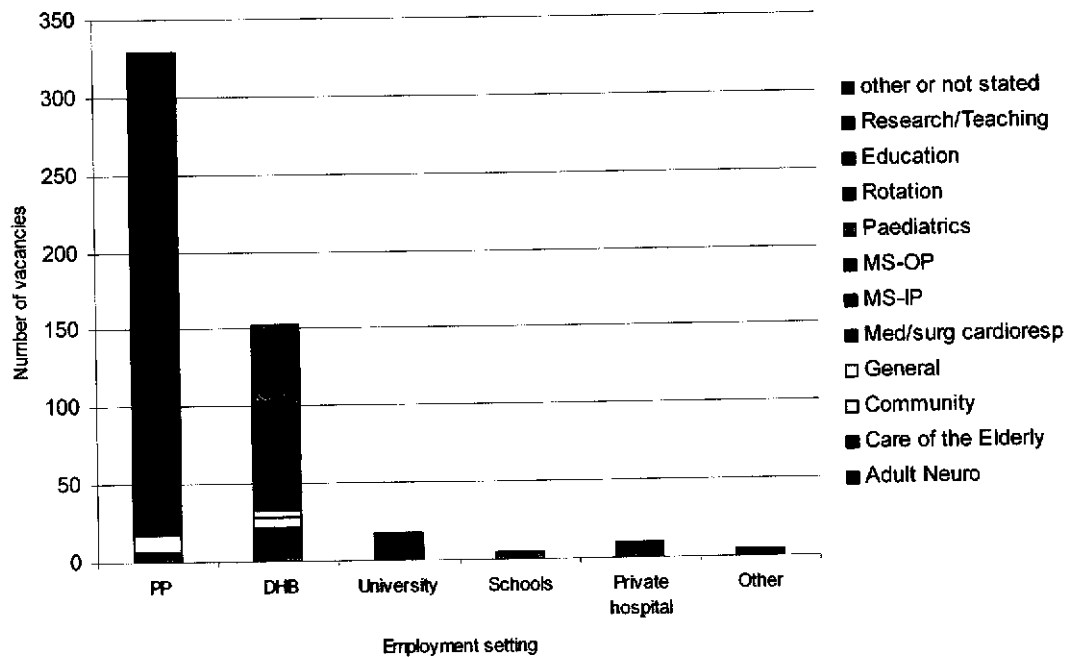


Figure 2: Vacancies in each employment setting

Skill requirements

Vacancies were categorised according to the level of experience required for the position. Thirty eight percent of positions required experience and/or post graduate qualifications. Work types specifically requiring experience were medical/surgical cardiorespiratory (23/25 positions), paediatrics (9/13 positions), women's health (all positions), management roles (all positions) and research/teaching (10/16 positions). These work areas are typically located in District Health Board settings or Universities for research and teaching.

Thirty two percent (n=108) of musculoskeletal outpatient positions required experience or postgraduate qualifications. Fifteen of those were located in District Health Boards (62% of DHB musculoskeletal outpatient positions) with the remainder located in private practice (30% of private practice musculoskeletal positions).

Eighty four (15.7%) vacancies were specified as suitable for new graduates. Private practice musculoskeletal outpatients offered the largest number of those new graduate positions (n=55). A further 16 private practice musculoskeletal outpatient positions advertised for either experienced or new graduate physiotherapists, indicating they were prepared to employ a new graduate.

Nearly half of all vacancies (n=243, 45.5%) did not specify the level of experience required. The largest proportion of these were in private practice musculoskeletal positions (n=159), followed by musculoskeletal inpatients/orthopaedics (n=11) and adult neurology (n = 9).

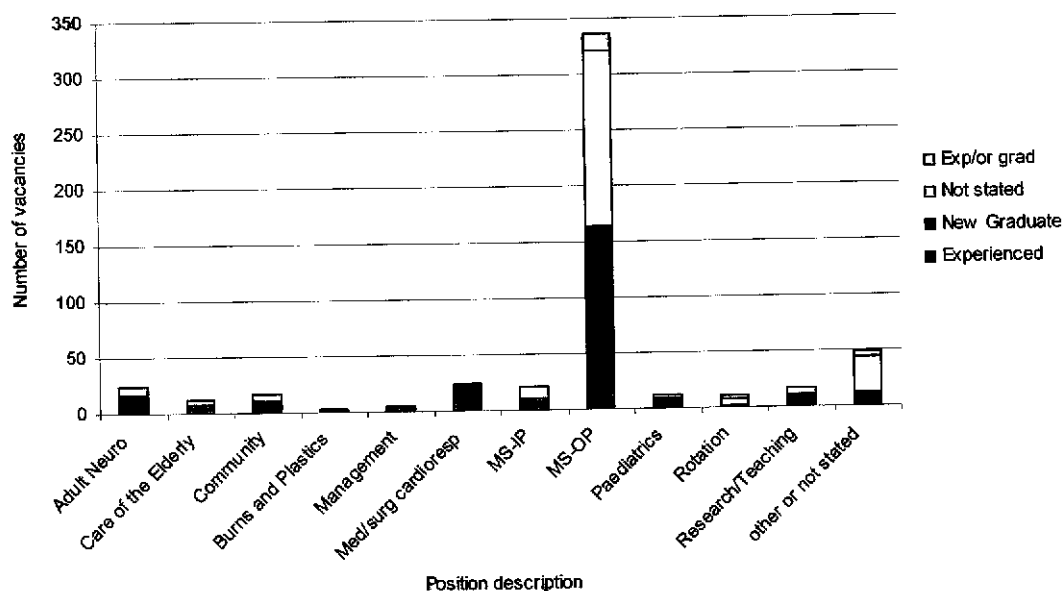


Figure 3: Skill requirements for each work type

Location of vacancies

The majority of vacancies were located in Auckland, followed by Wellington and the Central North Island (Table 1). In the Auckland region, 105 (67%) were in private practice. In Wellington, 38 (53%) were in private practice.

Vacancy Location	Vacancies (%)	Vacancy Location	Vacancies (%)
Auckland	30%	Waikato	2%
Hamilton	6%	Central Nth Island	12%
Wellington	14%	Hawkes Bay	2%
Christchurch	8%	Lower North Island	3%
Dunedin	5%	Upper South Island	4%
Northland	4%	Lower South Island/Invercargill	8%

Table 1: Percentage of vacancies by location

Vacancies re advertised over three months or more

Over the twelve month period, 16% (n=88) of all newly advertised positions were re-advertised for a period of three months or more. Of these, musculoskeletal outpatients comprised 87% (77) of the re-advertised positions, with the remainder in adult neurology (4), community (2), general (1), cardiorespiratory (1) paediatrics (1) and musculoskeletal inpatients (2).

Conclusions

Despite the increase in new physiotherapy registrations, these results indicate there is a shortage of physiotherapists. This is best demonstrated by the number of unfilled vacancies after three months or more of advertising. Of importance, the unfilled vacancies are largely in the area of musculoskeletal outpatient physiotherapy. However, the data may underestimate the number of vacancies that remained unfilled in other work areas. It is common practice in larger organisations (DHBs and Universities) to resort to overseas recruitment, rather than persisting with advertisements within the New Zealand market. This is evidenced by the substantial increase in number of overseas physiotherapy graduate registrations annually since 2000⁵.

Physiotherapy vacancies were identified in all New Zealand locations, with the largest number in the main urban centres. These results negate the belief that physiotherapy shortages are located in rural areas⁶. However, while the actual number of vacancies in provincial and rural towns is substantially smaller than in urban areas, these vacancies would have a greater impact in communities which rely on only one or two small service providers.

Vacancies were identified across all work areas. It is difficult to determine how many physiotherapists are employed in each work type, as some physiotherapists identify themselves as functioning across more than one work area e.g. musculoskeletal outpatient and sports physiotherapy. However, using the data available⁷, it appears

⁵ Physiotherapy Board of New Zealand Annual Report, 2004 Accessed from <http://www.physioboard.org.nz/docs/>

⁶ Health Workforce Advisory Committee, 2001. The New Zealand Health workforce- a stock take of issues and capacity. Retrieved from <http://www.hwac.govt.nz/publications/stocktakereport>

⁷ New Zealand Health Information Service Physiotherapy Workforce- Summary results from the 2004 Health Workforce Annual Survey

that the number of vacancies is proportional to the number of physiotherapists currently working in each area.

Nearly half of all advertised positions required experience and or postgraduate qualifications. The clinical areas requiring experience were mostly located in District Health Boards specifically in cardiorespiratory physiotherapy and paediatric settings. In musculoskeletal outpatients, District Health Board positions required previous experience in more than half of the vacancies advertised. This may reflect the need for physiotherapists who can manage the more critical and complex nature of hospital admissions as well as supervise junior staff members.

Shortages of experienced staff in both District Health Board and private practice settings also means there are insufficient physiotherapists willing or able to offer the requisite clinical experience required for undergraduate training, which effectively caps the number of graduates from each physiotherapy school.

The majority of vacancies specifically advertised as suitable for new graduates were located in private practice. While there is no data available on physiotherapy graduate areas of employment, these results suggest that the traditional employment area for new graduates in District Health Boards may be shifting towards private practice. It is not surprising that private practice owners are actively advertising for new graduates, given the number of vacancies in private practice considerably exceeds those in District Health Boards. These results lend support to the assertion that recruitment difficulties in DHBs is in part caused by competition with private practices for new graduates⁸.

In summary, these findings extend and confirm the result of our previous audit of physiotherapy vacancies over 2005⁹. Physiotherapy private practices are ideally situated within the communities to be able to offer accessible primary care community-based services that extend beyond musculoskeletal rehabilitation. However, while workforce shortages persist in the traditional areas of physiotherapy, additional services which would support New Zealand health strategies are unlikely to develop.

⁸ Health Workforce Advisory Committee, 2001. The New Zealand Health workforce- a stocktake of issues and capacity. Retrieved from <http://www.hwac.govt.nz/publications/stocktakereport>

⁹ Taylor L, Roigard A, Sung T and Vulelich J The New Zealand physiotherapy workforce: an audit of current gaps and implications for future needs. NZ Journal of Physiotherapy – July 2006 Vol 34 (2): 112