



HealthWorkforce
AUSTRALIA

Clinical Training Profile: **Physiotherapy**

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An Australian Government Initiative

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Physiotherapy context

Physiotherapists provide treatment for people with physical problems caused by injury, illness, diseases and ageing. They use treatments including mobilisation and manipulation of joints, massage, therapeutic exercise, electrotherapy and hydrotherapy to reduce pain and restore function.¹ In 2012, the total number of registered physiotherapists in Australia was 23,934.² In the same year, 5,655 registered physiotherapy students were enrolled in accredited physiotherapy programs.³

Physiotherapy is a discipline requiring significant levels of clinical training prior to registration. The scientific knowledge and evidence-based clinical skills taught in higher education programs are therefore vital for safe, independent, competent and effective practice across a diverse range of health conditions graduates may encounter as primary point-of-contact practitioners.

Clinical training in health care settings assists students to acclimatise to the roles required in physiotherapy practice and equips them with the skills and knowledge necessary for professional competence. Clinical placements involve physiotherapy students working under supervision in a specific health setting, with the aim of providing the link between theoretical knowledge and practical application.⁴

Accreditation

Accreditation of physiotherapy programs is necessary to ensure consistent outcomes and quality in physiotherapy education. The Australian Physiotherapy Council (APC) is the independent accrediting authority for physiotherapy programs. It has developed a framework based on four broad accreditation requirements. These requirements include program attributes, quality systems, the academic program, and resources and infrastructure elements. The accreditation process requires evidence that a higher education provider (HEP) has in place the academic staff, clinical training staff and facilities, financial provisions, physical resources and a research environment required to demonstrate quality in physiotherapy programs of study.

The accreditation standard requirements for physiotherapy, developed by the APC, state that each HEP must provide evidence that the clinical training program includes placements that provide opportunities to develop competence in the key areas of physiotherapy, exposure to a range of settings (acute, rehabilitation and community) and to clients of all ages. There is no specified number of clinical training hours students are required to complete in physiotherapy programs. The physiotherapy clinical training component is competency-based and on successful completion of the program of study, students are eligible for registration as a physiotherapist.⁵

The standards for physiotherapy in Australia and New Zealand are currently under review. It is possible, that when completed this review will have implications for physiotherapy education.⁶

1 Health Workforce Australia, 2014, Australia's Health Workforce Series - Physiotherapists in Focus.

2 National Health Workforce Data Set (NHWDS), Allied Health Practitioners 2012.

3 Australian Health Professions Regulation Agency, 2012, Annual Report 2011-12, viewed January 2014, <http://www.ahpra.gov.au/documents/default.aspx?record=WD12%2f9240&dbid=AP&checksum=S6gwGtLfAovsukYbQ%2fn7hw%3d%3d>.

4 Australian Physiotherapy Council, 2013, Accreditation Standard Requirements, viewed January 2014, <http://www.physiocouncil.com.au/files/accreditation-standard-requirements>

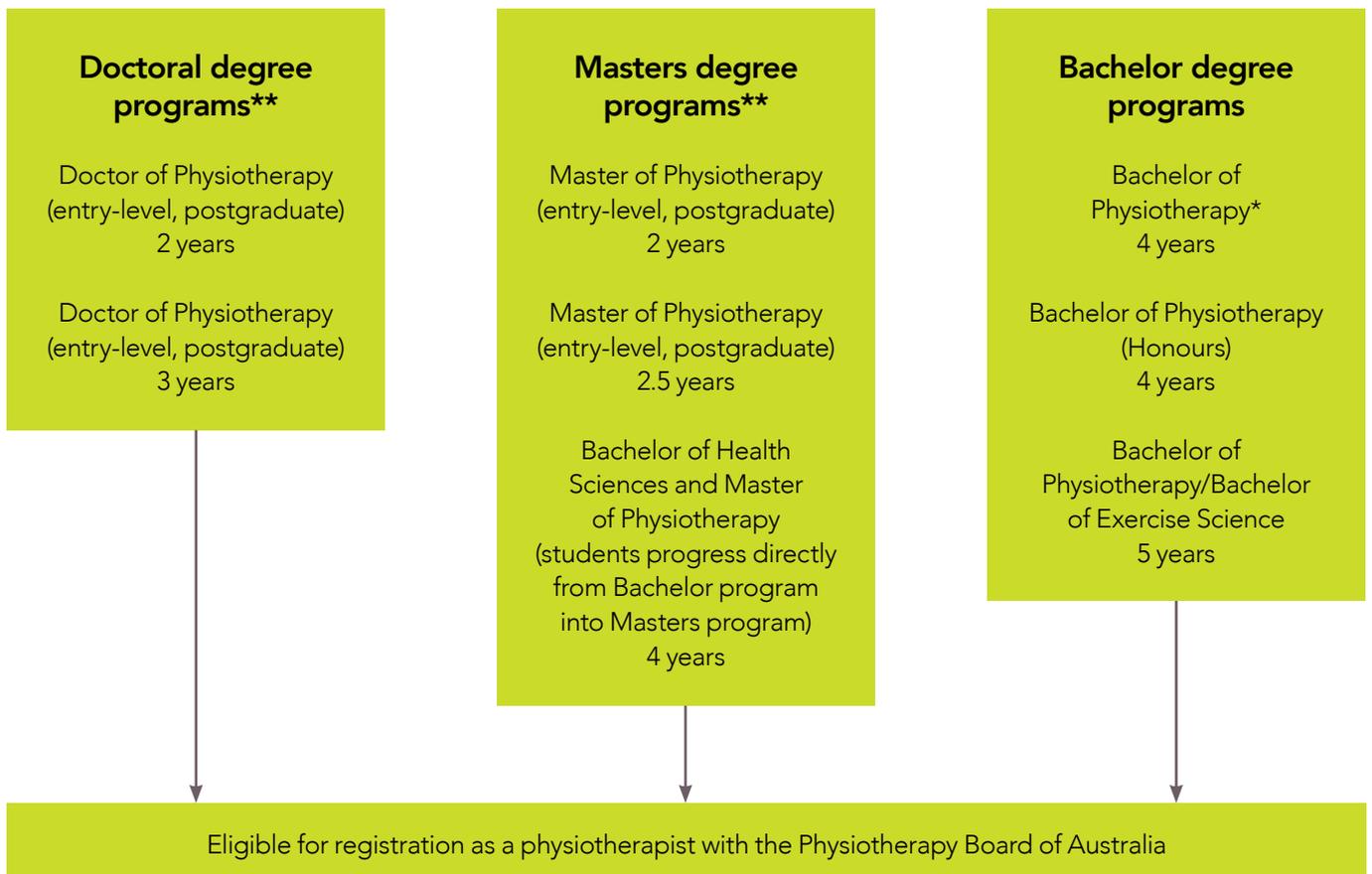
5 *ibid.*

6 Council of Physiotherapy Deans, correspondence to HWA, January 2014.

Physiotherapy education pathway in Australia

Figure 1 shows the education pathway for physiotherapy students in Australia.

Figure 1: Physiotherapy education pathway in Australia



*Bachelor of Physiotherapy includes both Bachelor of Physiotherapy and Bachelor of Applied Science (Physiotherapy) programs.

**Master and Doctor of Physiotherapy programs are not intended for people who have already completed their Bachelor of Physiotherapy. They are for postgraduate students wanting to study an entry-level physiotherapy degree. Doctor of Physiotherapy programs are classified as Level 9 extended Masters.

Source: Physiotherapy Board of Australia, Approved Programs of Study 2012,

Completion of an approved program of study is only one element of the eligibility criteria for registration outlined in section 52(1) of the National Law. An applicant for general registration must meet the eligibility requirements of the National Law, Section 52, including meeting the requirements of the approved mandatory registration standards and any requirements of the Physiotherapy Board of Australia (the Board) for supervised practice or any examination or assessment⁷. It is only if an applicant successfully meets each of these criteria that they are eligible for general registration as a physiotherapist with the Board.

Only graduates of specific Bachelor degree programs (such as Health Sciences for example) may be eligible to undertake entry-level masters or doctoral programs of physiotherapy study leading to eligibility for general registration.

Clinical training

All higher education providers are required to provide clinical training and work experience in their physiotherapy programs across a range of settings including public hospitals, private practices, community health settings, and different geographic locations. This is consistent with the guidelines for the registration of physiotherapists, as approved by the Board.

Bachelor of Physiotherapy programs generally are four years in length, while Master of Physiotherapy programs take two years and Doctor of Physiotherapy programs take 2-3 years to complete.⁸

The key areas of physiotherapy clinical practice referred to in the APC's Accreditation Standards include musculoskeletal, neurological, cardio-respiratory and electro-physical agents, across all ages and from acute to community contexts. There is some variance in the curricula across the Bachelor of Physiotherapy and the Bachelor of Applied Science (Physiotherapy). However, in all programs the core clinical component begins early in the second year of the programs, with more extensive clinical training in the third and fourth year.

The aim of clinical training for physiotherapy is to equip students with the clinical assessment and treatment skills necessary to practice physiotherapy competently and safely upon graduation. Physiotherapy programs are not followed by an internship year or period of supervised practice.

Physiotherapy programs in Australia (and New Zealand) utilise a common Assessment of Physiotherapy Practice (APP) instrument for the purpose of contributing to national consistency of student clinical assessment and reducing the burden on clinical educators.⁹

7 New South Wales Consolidated Acts, Health Practitioner Regulation National Law – Sect. 52, viewed January 2014, http://www.austlii.edu.au/au/legis/nsw/consol_act/hprnl460/s52.html

8 According to the Australian Qualifications Framework, Doctor of Physiotherapy programs are classified as Master (Extended) programs.

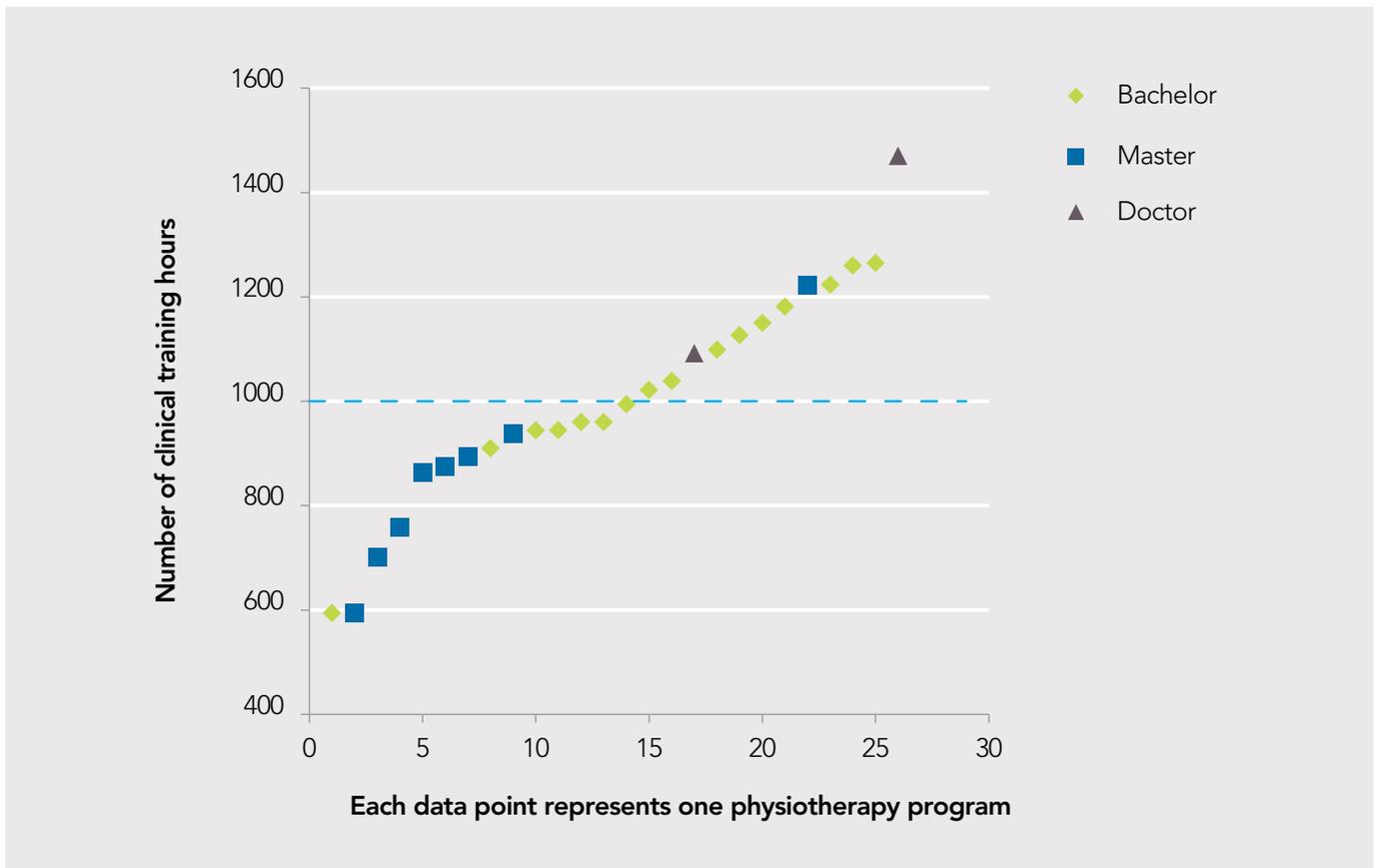
9 Dalton M, Keating J and Davidson M 2009, Assessment of Physiotherapy Practice Instrument – Clinical Educator Resource Manual, Griffith University.

Clinical training hours

Unlike the accreditation standards for programs such as nursing, or medicine, the accreditation requirements for physiotherapy do not specify a minimum number of clinical training hours required to graduate¹⁰. The overall average of clinical training hours in physiotherapy programs is 1,000.¹¹

Figure 2 depicts the range of clinical training hours required for 26 Australian physiotherapy programs, identified by individual higher education providers undertaking a survey of 2012 clinical training placements¹². The clinical training requirements for physiotherapy programs range from 594 hours to 1,470 hours of clinical training¹³. The median requirement is 977 hours. This is 2.3 per cent below the overall average of clinical training hours. The student load enrolled in each physiotherapy program ranges from five to 600 in bachelor programs, from five to 348 in masters programs, and from 77 to 165 in doctorate programs.

Figure 2: Range of clinical training hours across physiotherapy programs, 2012



Source: Health Workforce Australia survey of 2012 clinical training placements

10 Australian Physiotherapy Council, 2013, op. cit.

11 The overall average in this clinical training profile is the simple average of clinical training hours of all physiotherapy programs that were taken into account for the analysis. The overall average of physiotherapy clinical training hours according to this data is 1003. This number has been rounded down for data analysis purposes.

12 Programs that did not have any enrolled students as well as honours programs were not taken into account for this analysis.

13 The clinical training requirements reported by individual higher education providers do not include hours spent on undertaking a research project.

The data indicates that seven out of eight masters programs require less than the overall average of clinical training hours, while nine out of 16 bachelor programs require more. Both doctoral programs in this analysis require more than the overall average of 1,000 clinical training hours. Bachelor programs require their students to complete an average of 1,042 hours of clinical training¹⁴. The average clinical training requirement for masters programs is 856 hours. Doctoral students are required to complete an average of 1,281 hours of clinical training.

The number of clinical training hours in physiotherapy is not specifically prescribed nor presently mandated in Australia. Provided the physiotherapy program complies with the standards and provisions of the APC and the Board, clinical training can be represented in many ways as necessitated by, and as complements a HEP's physiotherapy program learning outcomes and graduate attributes. Australian physiotherapy programs have adapted clinical training requirements based on local and regional needs and limitations, as well as the value provided by the retention and inclusion of both traditional on-campus simulations (such as students' rehearsal of clinical skills on and with peers) and contemporary initiatives (such as high to low fidelity simulations).¹⁵

¹⁴ Bachelor degrees and Bachelor degrees with honours, were counted as separate programs when offered by the same HEP.

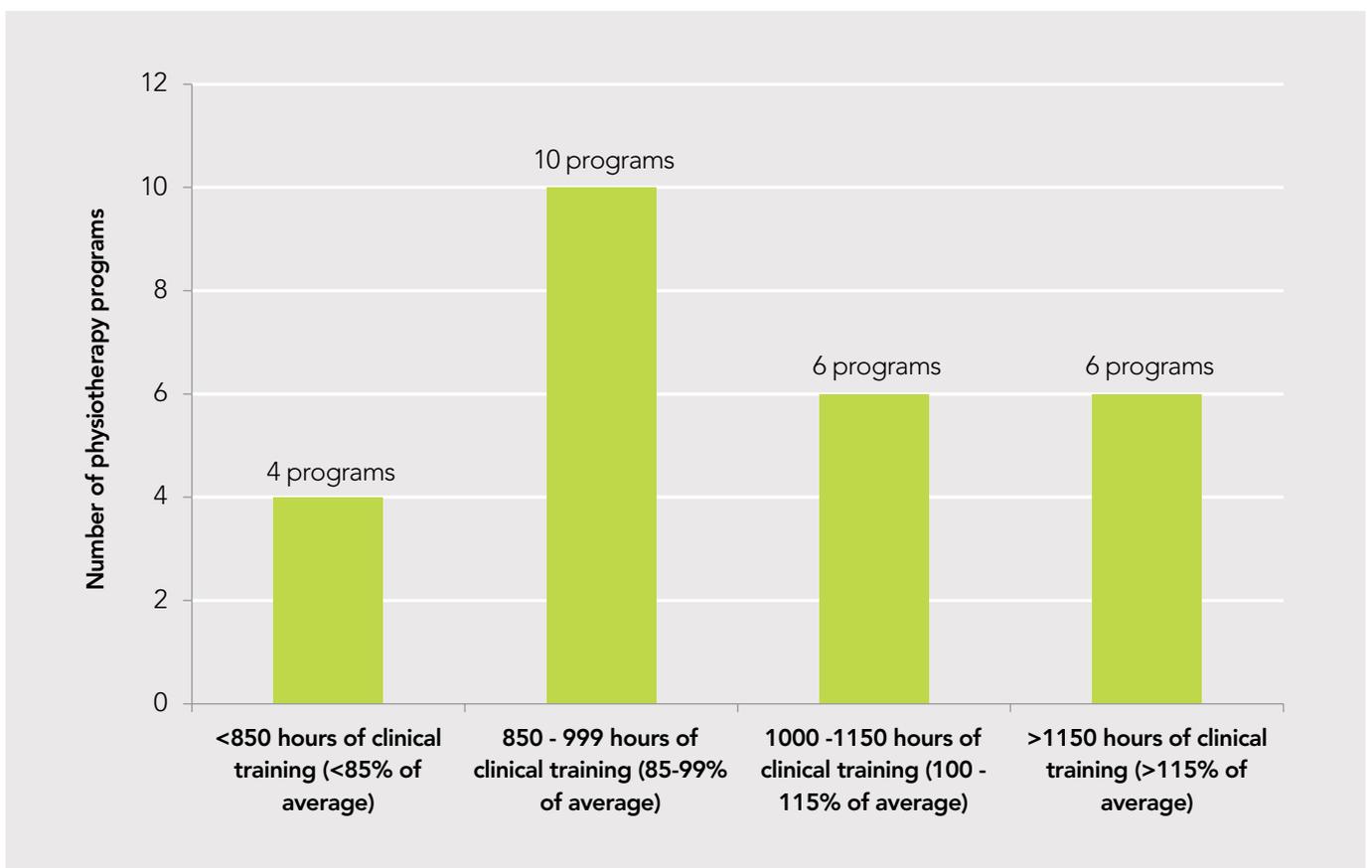
¹⁵ Council of Physiotherapy Deans, Correspondence to HWA, January 2014.

Programs

Figure 3 divides programs offered in 2012 into four groups based on the amount of clinical training hours they require in comparison to the overall average. Programs requiring students to complete up to 849 hours of clinical training are grouped in the category requiring less than 85 per cent of the overall average while programs requiring between 850 and 999 hours of clinical training are grouped in the category requiring between 85 and 99 per cent of the overall average.

The largest proportion of programs requires their students to complete between 85 to 99 per cent (850 - 999 hours) of clinical training, which is the category just below the overall average of 1,000 clinical training hours.

Figure 3: Number of physiotherapy programs within different ranges of clinical training hours, 2012



Source: Health Workforce Australia survey of 2012 clinical training placements

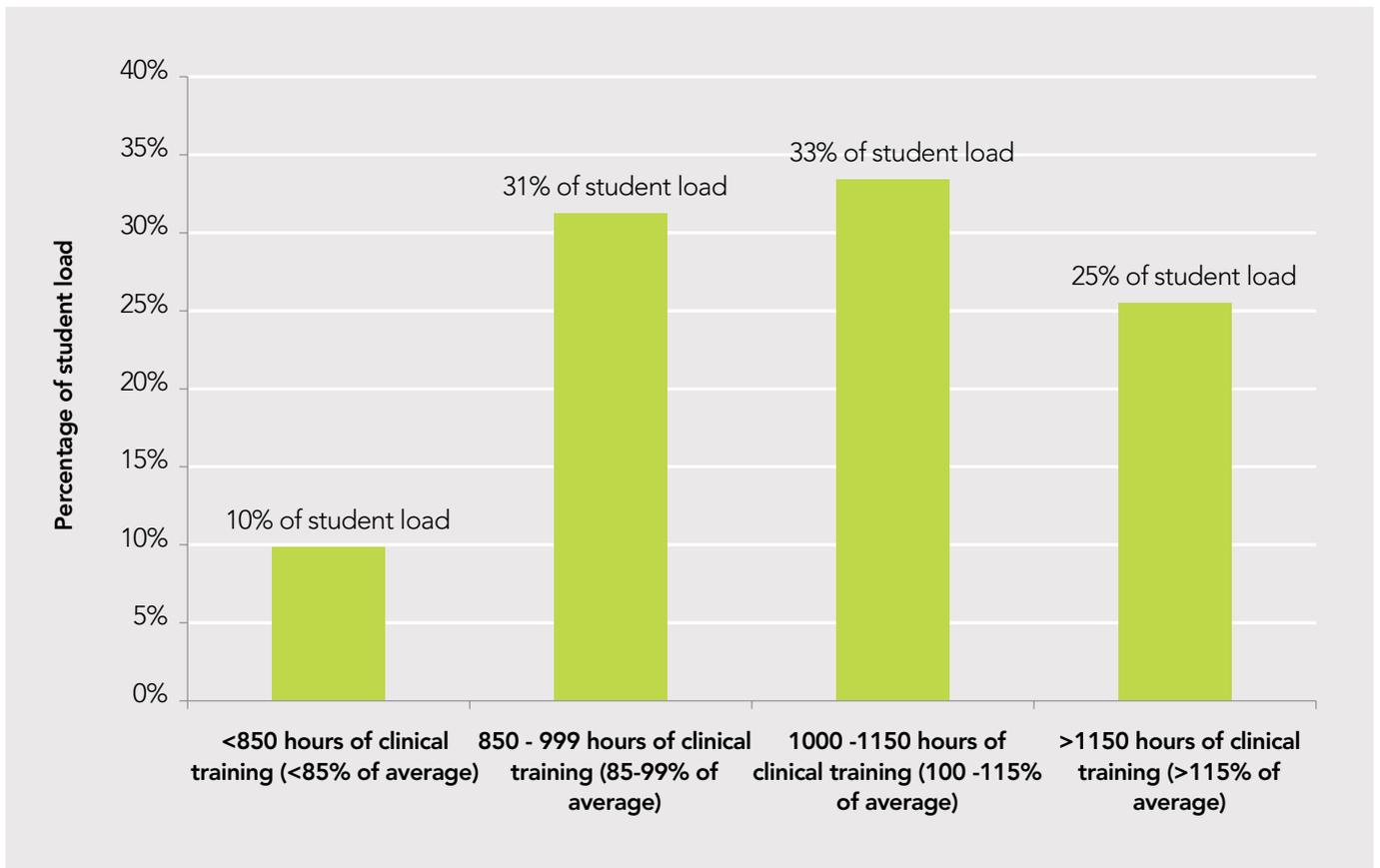
Note: The physiotherapy training profile includes only accredited programs in undergraduate or graduate entry programs that on completion lead to graduation to practice in the profession.

For the data analysis, 'program' has been defined as training delivered in Australia that on completion leads to graduation, and registration to practice the profession. Conversion programs have been excluded from the data analysis.

Student load

Figure 4 demonstrates the proportion of students studying programs that require completion of clinical training hours in line with the four categories defined in Figure 3. The columns compare each category of programs with the equivalent full time student load (EFTSL) studying that program. Programs with the lowest clinical training requirements also have the lowest total EFTSL. The majority of students are enrolled in programs within a 15 per cent range of the overall average of 1,000 hours (31 per cent are enrolled in programs with clinical training hour requirements 15 per cent below the overall average, and 33 per cent are enrolled in programs requiring up to 15 per cent above). Programs requiring the highest numbers of clinical training hours were training 25 per cent of the total student load. Only 10 per cent of the student load was enrolled in programs with clinical training requirements of less than 85 per cent of the overall average.

Figure 4: Proportion of student load in physiotherapy programs, 2012



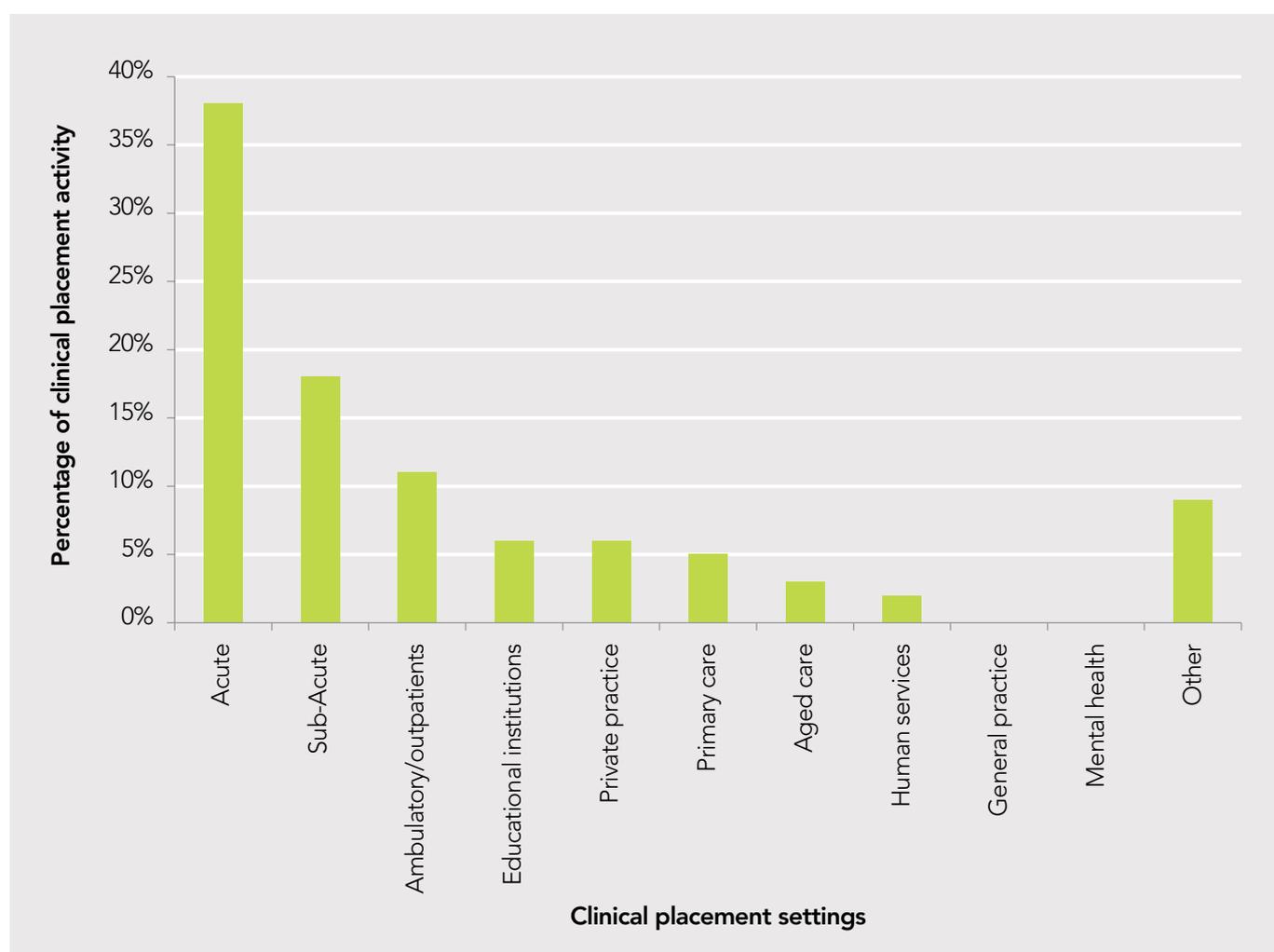
Source: Health Workforce Australia survey of 2012 clinical training placements

Clinical training settings

It is each HEP's responsibility to ensure that adequate clinical placement experience is available for every physiotherapy student to develop competence in the key areas of physiotherapy, and that clinical placement includes exposure to a range of settings and to clients of all ages.¹⁶

Figure 5 reflects the proportions of clinical training activity by setting. While the majority of physiotherapy placements are within the areas of acute care (38%), sub-acute care (18%) and ambulatory/outpatients services (11%), there is a wide variety of clinical placement settings in which a physiotherapist can complete clinical training. A description and examples for each type of setting can be found in Appendix A.

Figure 5: Proportion of physiotherapy clinical training by placement setting, 2012



Source: Health Workforce Australia, 2013, Clinical Training 2012.

¹⁶ Australian Physiotherapy Council, Accreditation Standard Requirements, op. cit.

Metropolitan, regional and remote placements

The majority of physiotherapy clinical training (84%) occurs in metropolitan locations, as reflected in Figure 6. The figure distinguishes between major cities of Australia (Remoteness Area 1), inner and outer regional Australia (Remoteness Area 2 and 3 respectively) and remote and very remote Australia (Remoteness Area 4 and 5 respectively). Approximately 15 per cent of all physiotherapy clinical training is completed in regional locations, while only one per cent occurs in remote settings. This is in line with the distribution of employed physiotherapists: only one per cent of physiotherapists are employed in remote locations, 18 per cent are employed in regional areas and 80 per cent are engaged in metropolitan settings.¹⁷

Figure 6: Proportion of clinical placements by geographical location, 2012



Source: Health Workforce Australia, 2013, Clinical Training 2012.

¹⁷ Health Workforce Australia, 2013, Health Workforce by Numbers, Issue 2, viewed February 2014, http://www.hwa.gov.au/sites/uploads/HWA_Health-Workforce-by-Numbers_Issue-2_LR.pdf.

Clinical training supervision

The APC's Standards for Physiotherapy state that all physiotherapy programs must include supervised practice in a clinical setting. Educators who provide students with supervised clinical practice are required to use the competency standards to inform expectations of the clinical placement experience.¹⁸

The APC states that:

*the university must provide evidence that students within, and those who will enter, the program have access to adequately experienced clinical educators to provide a comprehensive clinical education experience.*¹⁹

Furthermore, clinical supervisors should be experienced and trained in the key aspects of physiotherapy (a range of settings and the management of clients)²⁰. There is a need for adequate preparation and training of clinical educators to facilitate learning and assessment of students. The HEP provides educational resources for clinical supervisors to continue to develop their knowledge and skills relevant to their clinical education roles.

Clinical supervision for physiotherapy, like other allied health professions, has traditionally involved one clinical supervisor for each student (1:1 model)²¹. There is a variety of educator/student ratios. Clinical supervision models involving one supervisor to one or more students, or multiple clinical supervisors to one or more students are becoming more common. In a large percentage of placements the ratio is 1:2 or higher. Furthermore, research has shown that no specific educator to student ratio is more effective than another²². The clinical supervision model takes into consideration service delivery requirements, workplace capacity, location and availability of clinical supervisors.

The APC Accreditation Standard Requirements Element 4.3 states:

*Clinical education and clinical supervision are inter-related but not synonymous. Clinical education includes all experiences that contribute to a student's clinical learning. Whether or not clinical learning occurs during a supervised clinical placement may depend on the quality of clinical supervision and the placement. In the early stages of planning for a new program in physiotherapy, universities must establish a plan to ensure there will be a sufficient number of clinical educators who are, or who will be, appropriately trained and supported in their clinical education role.*²³

18 Australian Physiotherapy Council 2006, Australian Standards for Physiotherapy, viewed January 2014, <http://www.physiocouncil.com.au/files/the-australian-standards-for-physiotherapy>.

19 Australian Physiotherapy Council, Accreditation standard requirements, op. cit., p.7.

20 John Ramsay & Associates, 2010, Clinical Supervision Support Program, Environmental Scan and Research.

21 *ibid.*

22 Lekkas, P, Larsen, T, Kumar, S, Grimmer, K, Nyland, L, Chichase, L, Jull, G, Buttrum, P, Carr, L and Finch, J 2007, 'No model of clinical education for physiotherapy students is superior to another: a systematic review', Australian Journal of Physiotherapy, vol 53, no. 3, pp. 19-28.

23 Australian Physiotherapy Council, Accreditation Standard Requirements, op. cit., p.7.

Simulated learning environments

Simulation is not currently identified in the Physiotherapy Accreditation Standards although this will be considered in the impending 2014 review. Each HEP is able to include as many hours of simulated training in their curriculum as they deem appropriate. Simulated learning environments (SLE) are incorporated into physiotherapy education curricula with basic activities such as role play and peer practice.

Health Workforce Australia's Simulated Learning Report for Physiotherapy highlights that SLE is usually associated with pre-clinical programs. Greater resources in SLE will improve the quality of existing simulation. Access to appropriate facilities and support for development of new and adequately comprehensive simulation resources will increase confidence in using simulation to improve clinical capacity.²⁴

The Health Workforce Australia funded report makes several recommendations for developing a simulated learning resource as well as online and software resources to encourage ongoing interaction between students and the cases and inter-professional learning activities.^{25,26}

Disclaimer: Please note that the survey of clinical placements is a young collection and as such has data constraints which limit interpretation of the results. With time and investment, this type of data will be progressively standardised and analysis of the collection should become more accurate. The data has been reported by the participant HEPs. Training providers were not required to validate the data in 2012. Post-registration physiotherapy programs have not been taken into account for the analysis.

24 Health Workforce Australia, 2010, National Simulated Learning Project, Report for Physiotherapy, viewed January 2014, <http://www.hwa.gov.au/sites/uploads/simulated-learning-physiotherapy-report-201108.pdf>.

25 *ibid*.

26 The views and opinions expressed in the report are those of the authors and do not necessarily reflect the official policy or position of HWA.

Appendix A – Definition of 2012 clinical placement settings

Setting name	Definition	Examples
Acute (medical/surgical/maternity/emergency)	Includes all hospital placements in wards, theatres and other specialty programs excluding sub-acute, mental health and ambulatory/outpatients	Emergency, ICU, HDU, peri-operative, maternity, paediatric, hospital pharmacy, day surgery etc. not psychiatric wards
Sub-acute	Includes placements in rehabilitation, palliative care, geriatric evaluation and management units	
Ambulatory/outpatients	Includes all hospital placements involving outpatient and non-admitted patient care and home delivered services provided by hospital staff	Specialist clinics, outpatient clinics, hospital in the home, antenatal clinics
Aged care	Placements in residential and community aged care facilities and day programs	Low and high care facilities, independent living units, respite programs
Primary care and community health excluding general practice (GP)	Placements in community health centres or government managed health services that involve direct patient care	Community health centre, superclinic, community pharmacy, HACC, health promotion, maternal and child health centres – unless covered by another setting
Diagnostic services	Placements in diagnostic laboratories and medical imaging organisations	Pathology laboratories, medical imaging, sonography
General practice	Includes general practice whether in a private clinic, community health centre, superclinic or other setting	
Private/professional Practice (excluding GP and diagnostic)	Placements in non-hospital based professional practices including specialist medical clinics and excluding GP and community health centres	Audiology, allied health, retail pharmacy, paramedics
Mental health/alcohol and other drugs	Includes all placements in mental health programs. This also includes alcohol and other drugs services	Psychiatric/mental health wards, day programs, community mental health services and programs
Dental and oral health	Includes placements in school dental clinics, private or public clinics or laboratories	

Setting name	Definition	Examples
Educational institutions	Includes all university administered clinics and other secondary and tertiary education provider clinics	University clinics, primary and secondary schools, specialist schools
Human services	Includes placements with organisations that are involved in human service related industries	Child protection, public health, disability support, correctional facilities, relevant state, federal and local government departments, special interest organisations e.g. Red Cross, Heart Foundation etc. – unless covered by another setting
Other	If the placement does not correspond to any of the listed settings	



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