

Embedding research and researchers in clinical practice is fundamental

I congratulate the Editorial Board, and particularly the Scientific Editor, on the new look journal, and on the quality and diversity of papers now published in the *Australian Journal of Physiotherapy*. Such quality and breadth must surely stimulate debate amongst our colleagues.

The recent survey by Bernhardt and Tang has prompted me to respond. As a passionate researcher and physiotherapist, I am delighted that the issue of career options in Australia for physiotherapists trained in research has been highlighted in the journal. Publication of this study is timely, as the health sector faces potentially dramatic change. It is highly likely that the role of physiotherapists will change and perhaps expand with increasing responsibility. The embedding of research and researchers in clinical practice is fundamental to such changes.

It was heartening to note, therefore, that the majority of respondents in the Bernhardt and Tang study believed that research is valued by the profession and by clinicians. In addition, respondents suggested several improvements to research career paths, particularly including greater flexibility to move among research and clinical and academic domains. In fact, the greatest single recommendation was for more joint clinical/academic appointments.

We are not necessarily our own best advocates. Several universities have worked tirelessly to establish conjoint appointments, but it has not been easy to fill these positions and support for incumbents has not been uniformly optimal. There are public hospitals in Australia in which the CEO strongly urges physiotherapy departments to allow their staff 20% time (1 day per week) to focus solely on scholarly and research activities. These CEOs can see the

overarching benefits in patient care, staff satisfaction, and career progression from regular engagement in research and scholarship. However, the heads of physiotherapy departments find such situations unsustainable because they have insufficient staff to manage the daily workload.

We must continue to raise the issues surrounding career paths if we want to achieve change. But, more importantly, we also need to identify and work with those bodies with the responsibility, authority, and remit to bring about the change. Such bodies include state and federal health and education departments, educational and health institutions, and physiotherapy departments in the universities and hospitals. We need to demonstrate the benefits of engagement in research and clinical activities in terms of health outcomes for our patients, staff satisfaction leading to improved staff retention (and potentially improved retention rates in the physiotherapy profession), and reduced need for hospitalisation (and therefore reduced cost). We would have a very powerful argument.

Bernhardt and Tang have drawn attention to extremely important issues facing our profession. We need to use these findings now, while the data are still fresh.

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Reference

Bernhardt J, Tang LS (2008) More options and better job security required in career paths of physiotherapist researchers: an observational study. *Australian Journal of Physiotherapy* 54: 135–140.