Physiotherapy has come a long way since the School of Physiotherapy was first opened at Curtin University of Technology in Perth in 1951. On standing down as the Head of School, it is interesting, therefore, to sit back and consider the evolution of the profession in Australia over the past 50 years.

While clinical skills have continued to expand and be modified, these skills have always remained the core of the profession. The changes that have occurred have largely been a result of the expanding knowledge base and the increasing capacity of individual physiotherapists to interpret and apply new knowledge to established clinical practice.

In recent years, much has been made of the fact that access to information, which is at the core of the ability to expand knowledge, has greatly increased. Not a day goes by without some reference in the media to the value and endless horizons provided by the expanding “information super highway”. The general population, including physiotherapists, is now very much aware of the benefits of connection to the Internet. Equally, most canny citizens understand that knowledge makes those who have it better able to compete in their environment and to direct their activities successfully.

The issue of access to information (or indeed who controls the information) is one which should give us pause for thought. Much has been written in this Journal and other scholarly publications about the responsibility of practitioners to ensure that their clinical practice is supported by evidence. It is probably true that there is no-one within the physiotherapy profession who does not have at least a nodding acquaintance with the term “evidence-based practice.” No doubt many practitioners are none too sure what exactly the implications are for their particular practice. However, it seems to be true that most conscientious physiotherapists have, in recent years, made every effort to understand available evidence relevant to their practice (Turner and Whitfield 1997). Turner and Whitfield (1997) have reported that a large percentage of physiotherapists in Australia who responded to a survey of hospital based practitioners investigating their professional reading habits, read mainly physiotherapy journals. These same authors indicated that, while reading outside the physiotherapy literature was widespread, it involved only a small number of respondents. These findings suggest that physiotherapists do tend to read the physiotherapy literature.

However, Turner and Whitfield (1999) query the extent to which this reading influences practice, suggesting that the use of research literature as a framework for the selection of treatment modalities was “virtually absent” among practitioners in the United Kingdom and Australia, despite the fact that health funding is being gradually more biased towards evidence-based practice.

One of the interesting things about a change in personal direction is the opportunity it provides to understand the world from a very different perspective. What is evident to me in moving into a research position at Curtin University is that, relative to colleagues working in the private sector or operating in rural and remote areas, working in a university or a large metropolitan hospital provides considerable advantages with respect to information access. Indeed, the extent to which access to information has a bearing on the use of evidence to support practice among health professionals has been highlighted by a study from the Republic of Ireland which identifies serious deficiencies in information “access, awareness and availability” for health practitioners (MacDougall and Doran 1995).

Those inside the loop can generally expect to access a vast array of information, in both print and electronic format, either by visiting their hospital or university library and/or through desktop access to the Internet. Such library access also includes the use of appropriate information technology hardware and the support and guidance of library staff trained to assist clients to use electronic information. Thus academic staff and students inside the loop become information and computer literate and their research, practice and study are clearly evidenced-based. They are used to accessing information quickly and easily – gone are the days when gathering information on a particular topic involved days spent in the library physically looking through the journals to see what had been published in the area. Some of us, no doubt, even used index cards to find things! Now from the desktop, access is readily available to the catalogue of Curtin University’s extensive library holdings, as well as those of all the other universities in Australia and of the Health Department of Western Australia, with its wealth of holdings in the larger public hospitals. I can use key words to search for references in the area of my interest and very rapidly identify hundreds of possible sources. Of course, in order to realistically deal with the available suggestions, there has to be a process of targeting the search to achieve a useful outcome.
What of those outside the loop? How do practitioners, beyond their student years, maintain their information access channels, their levels of information literacy and how do they keep up to date? You might say by continuing to visit a university or medical library. But, while this appears to be a logical answer, it may not automatically put them back inside the loop.

Most university libraries make provision for community access and use of library collections but, progressively, new legislative and legal requirements are limiting this access, especially access to electronic information resources. Community access and use of print resources is straightforward – provided you can attend the library in person, you are free to browse the shelves and to read. There may also be borrowing privileges available and access to photocopying facilities (for a small fee). Extended opening hours over weekends also help to facilitate access by those living not too far away from major libraries.

Access to library resources for those in rural and isolated areas, on the other hand, has always been problematic and many assume that the emerging world of electronic information, the Internet and the information super highway will solve all that, and that those previously outside the loop will, through new information technologies and electronic information services, come in from the cold.

Not necessarily so!

In the world of print resources, libraries purchased materials (books and journal subscriptions), processed and organised them and made them available on library shelves. After that, their use was pretty much in the hands of library clients. In the world of electronic information, libraries do not generally purchase electronic information; rather, they lease the services from publishers – at a high price and generally with legal restrictions about who can access the electronic services. Most licence agreements require libraries to restrict access to authorised staff and students only. In some cases it is possible to negotiate a licence which allows “walk-in access” – but this comes at a price. Overlay this situation with the fact that library budgets in universities have been declining for over a decade and add a rapidly falling Australian dollar exchange rate, and you have major limitations on access and use of electronic resources.

Into this situation also comes a recent amendment to the Copyright Act (1968). Broadly summarised, the new legislation makes provision to extend the rights of copyright owners, especially in relation to scanning and digitisation, the transmission of electronic copies via email and online communication via websites. Compliance with the legislation by universities (including their libraries) means a number of things, including restricting access to web sites to authorised university staff and students only where they contain copyrighted materials copied under statutory licence by universities. While those outside the loop may be able to visit the university homepage, they will not be authorised (and authenticated) to access those parts of the web site which contain copyrighted materials.

In the past, a library purchased a journal subscription and the various volumes of the journal sat on the library shelves for anyone to use. Now publishers, through licence agreements, are limiting the availability of information which was previously in the public arena. When a journal is read in hard copy in a library, there is no record of that event. Now it is possible to identify electronically how frequently a particular article in a journal is being accessed and even to identify the user. Big Brother is certainly watching!

But there is more - even for those in the loop. What happens if the library (through budget constraints) cancels a subscription to an electronic journal? If this happens in the print world, the library at least retains those issues for which it had paid prior to the cancellation of the subscription. In the electronic world, however, if the library cancels its subscription to the electronic service, it loses access not only to the current issue, but also to the back-sets.

And so, all is not as it might seem in the world of electronic information and access is not expanding at quite the rate we all assume it is! And for our evidence-based professional practice there are significant new impediments in place.

The problems associated with evidence-based practice appear to turn on more than simply ensuring that everyone is technologically literate and knows how to access information electronically. There is the added complication that access which has traditionally been available to anyone who could get to a medical library is now restricted – not necessarily by the library itself (although some may have more restrictive access policies than others) but by the publishers (through their licence agreements with libraries) and legislators (through their restriction on the electronic communication of copyrighted material on university websites).

Of course, if you are a ratepayer or resident of a particular area, you can join your local library. Australia has an extensive network of libraries operated by local governments, which provide a service to anyone who can demonstrate that they live within the relevant geographic area. That is all very well in theory, but if you are a physiotherapist wanting to access information in medical and health science journals, such libraries offer no solution, since they do not hold such materials. The information physiotherapists want is held in university and hospital libraries. These days, no individual or practice could afford to subscribe to the range of journals that might be needed to keep abreast of developments in physiotherapy and related fields.
So what is being done? Obviously senior librarians around the country are very aware of the issue and, I understand, are examining strategies which might improve the situation. Even if they are successful in their efforts (through strategies such as national site licences), we are left with the copyright legislation, which now carries the authority of the law. The law begins to look as if it is designed to maintain the information and the power in the hands of those seeking to exploit the market. The law appears to have overlooked the consequences of concentrating the power of copyright in the hands of a few, and is ignoring the needs of those who, for motives other than profit, wish to provide the best service possible to those patients whom they serve.

University libraries which seek to provide community access should not be required to carry a large financial burden for providing a service in the public interest - particularly when the income and profits derived from these contracts with publishers are not necessarily directed towards providing more and better information.

It is important that those who need to access information in order to meet the responsibilities of evidence-based practice become aware of the limitations of the expanding use of electronic forms of information. Those of us who have excellent access need to advocate for those who do not. Already, some efforts are being made across the country to provide access to those in the public sector. The Health Department of New South Wales has developed the Clinical Information Access Project for which there are currently 80,000 users in New South Wales. However, the system has been developed with the medical and nursing practitioner chiefly in mind and much that is of interest to physiotherapists may not necessarily be available as yet. Similar activities are in train in Western Australia, Queensland and South Australia.

While these activities are very encouraging for those working in the public sector, they do not address the needs of the many physiotherapists working in private practice. They probably are not even of great benefit to those in the public sector working in centres where the population is less than 2,000. A recent report by Services for Australian Rural and Remote Allied Health (SARRAH) (Fitzgerald et al 2001) has identified the fact that, while 70% of those practitioners in rural centres with a population greater than 2,000 have IT access, the figure for access falls to 39% for practitioners working in smaller centres. Obviously, limited telecommunications in these areas has a lot to do with this finding.

Perhaps the Australian Physiotherapy Association (APA) could take up this issue with the Commonwealth Government on behalf of all those members whose access is being increasingly restricted. It might be helpful if the Australian Council of Professions also took up the issue. The APA has representation on this body and thus would be able to pursue the matter in this forum. At the same time, those exercising their community access to university libraries, should carefully examine the benefits available, to ascertain the extent to which they are able to use the full range of the resources of the library.

I suggest that the APA should be considering this important matter through its National Research and Quality Practice Committee, and perhaps linking with other bodies which maintain an interest in these issues, such as the National Health and Medical Research Council and the Australian Vice Chancellors’ Committee. A possible strategy could be development of agreements with relevant libraries so that, for a small increase in the annual membership fee, the Association could support the cost of APA member access, particularly for those working in the private sector and in rural Australia. Such a strategy would offer benefits to many members who are not able to take full advantage of all the other APA services available to members in metropolitan locations. Some members might even be willing to purchase access via the APA, if the Association could negotiate a deal with the relevant libraries to assist members not otherwise able to enjoy the benefits of the electronic age.

For the benefit of our clients and the good of our professional practice, it is vital that we all stay in the loop. We need to understand not only the benefits of the electronic age but also the restrictions being developed around the use of electronic information, otherwise we may find that we finish up a long way from the promised land.

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References


