

Universities Australia's response to the Department of Health and Aged Care's survey on the Draft Outline of the National Allied Health Workforce Strategy - July 2024

National Allied Health Workforce Strategy

Overview

Australians need better access to allied health care to prevent and manage chronic conditions, and support people with disability, older people, people with mental health issues and children and families.

The Australian Government is working with state and territory governments to develop a National Allied Health Workforce Strategy, as recommended in the *Independent review of Australia's regulatory settings relating to overseas health practitioners Final Report*.

A steering group has been formed to guide development of the Strategy. The group comprises Chief Allied Health Officers from each state and territory, as well as senior executive from a number of Australian government agencies including the Department of Health and Aged Care, Department of Education, National Disability Insurance Agency and Department of Employment and Workplace Relations.

As a first step the steering group has developed a draft outline for the Strategy. The Strategy, once developed, will outline what steps are needed to ensure there are enough highly trained allied health professionals distributed across the country. It will describe how the Australian Government, state and territory governments, universities and professional associations can work together to improve planning for the allied health workforce.

Why your views matter

We appreciate your participation in this consultation on the draft outline of the National Allied Health Workforce Strategy. The experience and knowledge of all stakeholders and interested members of the community are valued and will contribute to the final Strategy. A further round of consultation will occur later in 2024, to seek feedback on the draft Strategy once it has been developed.

Survey Questions

Respondent information

Are you answering these questions on behalf of an organisation? ***Yes, I am answering on behalf of an organisation/institution***

In which State(s) and/or Territory(ies) do you operate: ***National***

Please select the category that best describes your organisation: ***Peak Professional body (other)***

What is your area of practice or interest?: ***University-based health professions education and its links to health workforce development***

INTRODUCTION

The Strategy outline includes an introduction that will summarise who the Strategy is for (page 1). This includes allied health professionals, the Australian Government, state and territory governments, health services, universities, regulators, consumers and professional organisations.

How useful do you think the Strategy will be for these groups and organisations?

Rank 1 (not useful) to 5 (very useful) or 6 (not sure): ***3 to 4 - reasonably useful***

Please explain your selection.

It is difficult to tell how useful the strategy will be without seeing a more developed strategy and an accompanying implementation plan, including commitment to policy change/resources where required.

Please outline any other groups for whom the Strategy would be useful.

- ***Aged care, disability and social service providers.***
- ***Students.***
- ***Tertiary education providers broadly, both universities (which are already included) and vocational education and training (VET) providers.***
- ***Primary health networks (PHNs).***
- ***Health insurers.***

GOALS

The Strategy outline includes the goals of the Strategy (page 2). Please outline your level of agreement with the following statements:

The Strategy's goals are appropriate.

Rank 1 (strongly disagree) to 5 (strongly agree) or 6 (not sure). **3 - moderately agree**

Please explain your selection.

We support the proposed goals outlined in the draft strategy. However, we suggest the following are also included as mid to longer-term goals:

- ***Projections of future allied health workforce need under various scenarios – and trend analysis of allied health workforce over the last five to ten years. (This is in addition to the stated goal of providing a picture of the current allied health workforce.)***
- ***Determination of education, health and potentially other policy levers to support necessary allied health workforce and skills growth. This includes identifying how to better grow our domestically educated/trained allied health workforce including how to expand quality clinical placement capacity and/or alternatives, and the role of this in future workforce/skills development***
- ***Identification of post entry-level, continuing professional development education needs (noting some of the later could include both clinical and business skills development) as well as pre-entry level education/training needs.***
- ***Ways to enhance allied health career and qualifications pathways including:***
 - ***Allied Health Assistants [AHAs] to Allied Health Professionals [AHPs];***
 - ***AHPs to clinical manager/director roles;***
 - ***AHP to other health workforce roles (clinical and non-clinical) including clinical academic and research careers.***
- ***Determination of the existing allied health workforce data, gaps in this data collection and ideal data collection and analysis needs for more comprehensive allied health workforce planning.***

We acknowledge that some of the of the ideas suggested above cross over with other sections in the draft strategy. However, it is important that these are also included as goals.

The Strategy's goals are achievable.

Rank 1 (strongly disagree) to 5 (strongly agree) or 6 (not sure): **6 – not sure**

Please explain your selection.

- *Achievement of the goals is dependent on many inter-related aspects including timeframes, resources, policy change, data and stakeholder buy-in. Many of these are still to be determined, cannot be guaranteed and/or take time to achieve.*
- *We suggest a phased “horizons” style approach to goals is used. Horizon one would identify and build the necessary data/policy foundation on which additional goals/horizons can then be added. We suggest that at least a three to five-year timeframe is taken to build the necessary data repository and analysis approach.*

CURRENT AND FUTURE STATE OF ALLIED HEALTH IN AUSTRALIA

The Strategy outline includes a discussion on the role of allied health now and in the future (page 2). Please outline your level of agreement with the following statement:

The issues discussed accurately represent the main issues facing the allied health workforce in Australia. Rank 1 (strongly disagree) to 5 (strongly agree) or 6 (not sure): **3 to 4 - broadly agree but see comments below.**

Please explain your selection.

Many of the issues covered in this section of the draft strategy are important. However other important issues that need to be considered include:

- *Ease of movement of allied health professionals and the allied health professional (AHP) workforce between service settings and across jurisdictional boundaries, especially for the self-regulated AHPs;*
- *Payment models for allied health professionals and how they support – or do not support – team care, practice in different settings, supervision and teaching;*
- *Professional recognition within health services and by other health professions/professionals – as part of a broader discussion re recognition of different professional roles and interprofessional education and collaborative practice (IPE/IPCP) amongst different health professionals;*
- *Allied health professional skills mix and skills transferability within and across the different allied health professions and with other disciplines;*
- *Fit-for-purpose education and training across the health professional lifespan – from student to experienced practitioner – particularly for entry-level students, including access to sufficient quality experiential placements across a diversity of settings.*
- *Impact of AI and technology on allied health care delivery.*

We also recommend that the strategy further emphasises the:

- *significant issues of overall allied health workforce need as well as the imbalance/undersupply in specific settings and geographical locations; and*
- *the critical links between Education and Health at policy, system, regulatory and institution/service levels to ensure that workforce goals can be attained.*

These points are inherently connected and need to be highlighted in the draft strategy. Further examples are provided in Box 1 below.

The Rural Health Multidisciplinary Training (RHMT) program funded through the Commonwealth Department of Health and Aged Care, is already effectively supporting health professional education/workforce growth in rural areas. The RHMT program includes, but is not limited to, a focus on expanding (rural) clinical placements in a range of settings. We strongly recommend the strategy looks at how expansion of this program to include a greater number of allied health students and beyond rural Australia could support the necessary allied (and other) health workforce growth Australia needs.

Box 1: The critical links between Health and Education in health workforce growth

The need to train significantly greater numbers of AHPs has been highlighted in both the Aged Care and Disability Royal Commissions. Modelling work from the [Australian Council of Deans of Health Sciences](#) (ACDHS) indicates that, using current approaches, an additional 25,000 AHPs would need to be trained to meet the allied health workforce goals of the Aged Care Royal Commission alone. This would require significantly more university places being available.

Concurrently, there is significant Higher Education policy reform underway through the Universities Accord. Some of this reform supports needed workforce growth. For example, the Accord proposes unlimited enrolment growth for eligible First Nations/equity group students. However, the Accord proposes strict limits on managed growth for other new domestic Commonwealth supported university places (CSPs). While a stated intent of the Accord's managed growth is to help address Australia's skills needs, this growth is unlikely to occur at the volume and pace needed to grow our overall domestically trained health workforce at the speed required.

Alignments are also needed at a health services level. Even if sufficient extra CSPs are made available to educate/train more students, it will be extremely difficult to graduate the required number of AHPs if there are not enough, well-supervised and diverse clinical placements accessible in health services. Sufficient, effective, affordable placements are cited as the major barrier to enrolment growth of allied and other health professional students by universities. (Source: Universities Australia's Health Professions Education Survey 2023.)

Which three issues do you think are most critical for the Strategy to address? Please rank.

Select up to 3 from the list below.

- What we know about the allied health workforce
- Existing workforce strategies and models of care
- What we are doing to ensure consumers can access safe and high-quality allied health care
- The health of Australians and the role of allied health professionals in supporting good health
- **Reforms and trends that influence how allied health professionals practice in Australia – Rank 3.**
- How allied health professionals work
- **Gaps in what we know about the allied health workforce – Rank 2.**
- Existing projects that governments are doing that will impact on allied health professionals
- **Other, please specify – data and supervision/clinical placement capacity current state and how to improve/expand it - as outlined in previous responses. Rank 1.**

FIRST NATIONS AND CULTURALLY DIVERSE WORKFORCE

The Strategy outline identifies the need to grow the First Nations allied health workforce and improve access to allied health among Aboriginal and Torres Strait Islander people.

Please outline what you think the Strategy should aim to achieve regarding the First Nations allied health workforce.

- ***A pathway to support growth of the Indigenous allied health workforce to at least population parity.***
- ***Actions and commitment to embedding culturally safe practice in all allied (and other) health professionals.***

Please outline any considerations that should be addressed in the Strategy regarding other culturally diverse and other priority populations (such as gendered and non-binary workforce and populations).

- ***The strategy should reinforce the importance of clinical and professional communication skills in the allied health workforce.***
 - ***These skills are already taught however could be further highlighted in the strategy. They emphasise the importance of treating all clients with respect and with an understanding of diversity and inclusion in its broadest sense across age, race/ethnicity, culture, sexuality, gender, intellectual/physical ability and the like.***
- ***The strategy could also potentially include the use of trauma-informed approaches in care delivery.***

SNAPSHOTS OF ALLIED HEALTH PROFESSIONALS

The Strategy outline includes a section (page 3) that will contain snapshots of what we know about allied health professionals in different sectors, including:

- Acute care
- Primary care
- Mental health
- Disability
- Aged care
- Education & child development
- Child & family safety
- Justice
- First Nations health
- Academia, and
- Industry

Please highlight your level of agreement with the following statement:

The sectors appropriately represent the primary locations in which allied health professionals work.

Rank 1 (strongly disagree) to 5 (strongly agree) or 6 (not sure): **4 – largely agree**

Please explain your selection.

We agree that the above sectors largely represent the key sectors where allied health professionals work however see additional comments and suggestions below.

Please highlight any sectors that are not appropriate, or any that have not been considered. Please explain your response (no word limit).

We suggest the following:

- ***that the list of sectors for consideration where AHPs are employed also includes:***
 - ***Government departments, including policy/program development***
 - ***Social services******AHPs work within these sectors but have not been included in the current list.***
- ***That “academia” specifically makes reference to both teaching and research. This addition aims to reinforce that AHPs can contribute to both of these areas in different roles, including in academia.***
- ***That within the sectors listed in the draft strategy, the following AHP roles and what proportion of work they comprise – and/or need to comprise - are also considered:***
 - ***Clinical teaching/supervision***
 - ***Clinical governance/management******While these roles can occur in various of the sectors listed in the draft strategy, it is important that the variety and breadth of AHP roles is captured. Understanding the extent to which AHPs are involved in teaching and supervision is also essential to supporting and enhancing AHP workforce growth.***

The snapshots will include what we know about allied health professionals working in that sector, such as: the types of professionals working in that sector, the funding models being used, and factors that are influencing workforce supply and demand.

Please outline any further information that should be identified about each sector.

See previous responses.

PRIORITIES FOR ACTION

The Strategy outline includes a section on priorities for action (which will be developed after further consultations).

What priorities and actions do you think should be covered in this section?

- **Data collection and analysis is critical. This should include data on clinical placement and supervision capacity.**
- **Skills transferability across AHPs and between AHPs and other health professionals.**
- **Assessing the impact of new/emerging models of care, technology/AI and predicted population growth/change, on AHP workforce roles and need.**
- **How to strengthen links between universities/tertiary education providers and health services to optimise workforce growth.**
- **Qualifications and career pathways and education/training innovation (potentially including degree apprenticeships, the role of micro-credentials and the like) as well as support to more systematically enable evaluation of teaching/education innovations.**
- **Proposed consultation with key stakeholders in developing the strategy.**

Please explain your response.

The above are all critical to assessing, analysing and forecasting AHP need and determining relevant actions.

NEXT STEPS

The Strategy outline includes next steps for the National Allied Health Workforce Strategy and timeframes for action. It also includes a section on how the impact of the Strategy will be assessed.

How do you think the impact of the Strategy could be assessed?

- **Reduction in AHP job vacancy data**
- **Improved client access to AHPs, including waiting times to see an AHP**
- **Increased access to multidisciplinary teams that include AHPs**
- **Greater numbers of AHP graduates**

These would need to show improvement from baseline (assessed prior to the strategy development/implementation) and over a suitable time period, given that these changes will take several years to show effect.

FEEDBACK

Please provide any additional comments you have on the draft outline of the Strategy.

***The strategy needs to emphasise that effective development and implementation of the strategy requires a longer-term commitment over at least a five-year timeframe – ideally longer.
We recommend close consultation with the Australian Council of Deans of Health Science (ACHDS) and Universities Australia (UA) and UA's Health Professions Education Standing Group in the further development of this strategy.***

CONSENT TO PUBLISH

Do you consent to your submission being published? **Yes**

