

HumanAbility Submission

DoHAC consultation – Draft Outline for the National Allied Health Strategy

July 2024



HumanAbility is a Jobs and Skills Council funded by the Australian Government Department of Employment and Workplace Relations.



Acknowledgement of Country

HumanAbility acknowledges the Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of Australia and their continuing connection to both their lands and seas.

We pay our respects to Elders – past and present.

About HumanAbility

HumanAbility is the Jobs and Skills Council for the Care and Support Economy. One of 10 Jobs and Skills Councils established in 2023, our role is to provide leadership to address skills and workforce challenges for our industries, with a focus on the Vocational Education and Training (VET) qualified workforce.

We are responsible for ensuring the aged care, disability support, children's education and care, health, human (community) services and sport and recreation sectors are supported with skilled, adaptable and sustainable workforces to achieve positive economic and social outcomes for industry, community and individuals.

Human Ability's four key functions are:

- Workforce planning
- Training Product development
- Implementation, promotion and monitoring
- Industry stewardship

We are tripartite. Our governance structure and stakeholder engagement approach reflect government, union and industry.

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Executive Summary

HumanAbility is the Jobs and Skills Council for the Care and Support Economy. Our remit covers aged care, disability support, early children's education and care, health, human (community) services and sport and recreation. We have a specific focus on addressing skills and workforce challenges in the Vocational Education and Training (VET) qualified parts of the workforce.

Across the care and support sector, demand is increasing, models of care are evolving, the scope and complexity of care is changing. Allied health plays an increasingly important role in meeting this demand as the draft Outline for a National Allied Health Workforce Strategy (Outline) acknowledges.

HumanAbility welcomes the development of a National Allied Health Workforce Strategy (Strategy) and the recognition of the Allied Health Workforce as a growing and fundamental part of meeting demand for care and support in Australia – now and in the decades to come.

As the Kruk review¹ highlighted, there are extensive shortages across allied health professions and challenges in recruiting and retaining Allied Health Professionals (AHP) in primary care, disability support and aged care services. This is exacerbated in regional and remote areas. The Royal Commission into Aged Care Quality and Safety expands on this with forecasts of the Allied Health Workforce making up the bulk of growth in the Workforce over the coming decades.²

The Allied Health Assistant (AHA) workforce can make a significant contribution to reducing the pressure in services that have shortages of AHPs. A core function of AHAs is to provide direct care and support in the implementation of programs with clients, developed by AHPs (see examples on page nine and 10 of this submission) and to undertake administrative tasks to assist in client care being efficient and effective. The function of the AHA can free up a significant amount of capacity in the already-stretched AHP workforce, it can increase access to services in regional and remote areas and contribute to reducing waitlists.

With a significant increase in Australians accessing allied health services, a National Allied Health Workforce Strategy must reflect an understanding and recognition of the distinct function of an AHP professional and the ongoing supports and contributions an AHA plays in a patient's care. The draft Nursing Workforce Strategy and the Aged Care Workforce Strategy set a precedent for this with the inclusion of the whole-of-workforce (VET and tertiary qualified) in a workforce strategy.

The inclusion of information (data) of the AHA workforce in the Strategy would ensure the resulting workforce strategy – including both AHPs and AHAs – would provide a clearer and more holistic picture of the current

¹ Overseas Health Practitioner Regulatory Settings Review - Final Report, 2023 p63

² Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, p 52

workforce and future needs. This is critical to achieving the two overarching goals of this Strategy – addressing shortages and understanding how this differs across sectors to address existing and predicted needs. Underpinning the inclusion of the AHA workforce in the National Allied Health Workforce Strategy, a commitment to improving data so that the depth and breadth of the AHA workforce is understood must be of highest priority.

The strategy, along with consistent, quality data informs government expenditure, efficiency and effectiveness of patient access to the care and services they need and improved access to patient choice and control. It also will inform aspirations for the workforce to be functioning at the top of their Scope of Practice and improve job satisfaction, which will have flow on effects to attraction, retention and career pathways. Both the data and strategy are critical to informing HumanAbility's work in mapping career pathways, workforce planning and identifying skills and training needs.

Recommendation

Include AHAs in the National Allied Health Workforce Strategy by:

- Committing to a nationally agreed approach to workforce data collection to understand the depth and breadth of the Allied Health Workforce (both Professionals and Assistants) to fully inform care models, skills and training requirements, career pathways and service efficiencies.
- Recognising the importance of Allied health in meeting increasing demand now and, in the decades, to come for care and support sectors, by reflecting the role of both the Professional and Assistant in the Allied Health Workforce Strategy.
- Highlighting the critical need for the AHA workforce in meeting scope of practice objectives for all professions in the Allied Health Workforce.
- Acknowledging the critical role of AHAs in reducing barriers to access to services for people in regional and remote areas, people with a disability, people wishing to receive home-based care and for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people in accessing the health system. The acknowledgement should extend to identifying who this workforce is, whether there are shortages or attraction and retention issues and how to support the growth of this part of the allied health workforce.
- Undertaking career pathways research through Allied Health roles from AHA through to AHPs and the additional support workforce, to inform skills and training needs of both Professionals and Assistants.

Our Submission

Forecast changes in the care and support sector are instructive for the allied health workforce

The Care and Support sector is Australia's largest and fastest-growing industry: accounting for 15 per cent of total employment and increasing by 6 per cent in the last year³. This employment growth is not limited to the tertiary educated workforce; for example, 'around 44% will have VET as the primary pathway (Skill Levels 2 to 4) over the next 10 years'⁴.

One of five 'significant forces' identified in the government's 2023 Intergenerational Report⁵, the rise in demand for care and support services, including allied health services, is driven by Australia's ageing population, greater participation by women in the workforce and the expansion of formal care arrangements for people with a disability, children and older people.

Despite its economic and social position as a primary employer delivering essential care and support services for the country, the industry sectors in scope are facing significant and ongoing workforce and skills shortages. As stakeholders have highlighted to HumanAbility, these shortages are as apparent in allied health as they are in other parts of the sector.

Labour force availability today is a key constraint impacting service provision, contributing to a significant level of unmet demand for services, including of allied health services. A lack of recognition of skills, a shortage of applicants, low wages, and applicant perceptions that the work is unattractive, and workloads are unacceptable, are some of the key difficulties identified with finding new staff⁶. Workforce and skills shortages are further exacerbated in regional and rural communities.

The Allied Health Professional and Assistant workforce are distinct but interconnected

Allied Health Professions Australia defines AHPs as: 'providing a broad range of diagnostic, technical, therapeutic and direct health services to improve the health and wellbeing of the consumers they support. AHPs often work within a multidisciplinary health team to provide specialised support for different patient needs.'⁷

Allied health is a part of aged care, disability support and primary health care. It includes but is not limited to audiometry, physiotherapy, speech pathology, podiatry, dietetics, optometry, orthoptics, counselling and psychology, social work, prosthetics and orthotics, occupational therapy and a broad range of other services.

³ Australian Institute of Health and Welfare (AIHW), July 2022, General Practice, allied health and other primary care services

⁴ Ibid

⁵ Commonwealth of Australia, 2023, Intergenerational Report 2023 Australia's future to 2063.

⁶ Australian Government Department of Health, September 2022, Allied health workforce data gap analysis, Issues Paper

⁷ Allied Health Professions Australia, [Defining allied health](#), Allied Health Professions Australia website, 2023, accessed 4 July 2024

Between 2019-20 and 2020-21 there was a 36 per cent increase in Australians receiving at least one Medicare-subsidised allied health service⁸. A total of 27 million Medicare-subsidised allied health services were accessed in one year⁹.

Whilst Allied Health *Professionals* are typically tertiary qualified, Allied Health *Assistants* are typically VET qualified or unqualified¹⁰.

To deliver allied health services efficiently and effectively, Allied Health Assistants (AHAs) provide an essential function supporting the provision of these services, typically supporting across a range of allied health disciplines as delegated and supervised by AHPs.

Up to 17 per cent of an Allied Health Professional's workload could be carried out by Allied Health Assistants¹¹ and the work that is (and could be) carried out by an AHA enables the AHP to complete more complex work and would lead to greater access to services for a larger number of consumers¹².

The draft Nursing Workforce Strategy and the Aged Care Workforce Strategy are examples of whole workforce (unqualified, VET-trained and tertiary qualified) strategies that the National Allied Health Workforce Strategy should adopt. The draft Nursing strategy spans Registered Nurses, Enrolled nurses, Assistants in Nursing and Nursing students (amongst other roles). The Aged Care Workforce Strategy encompasses a diverse range of occupations and professions, including Registered nurses, Enrolled nurses and Personal care workers and a range of other roles. So too, the National Allied Health Workforce Strategy should include the AHP and AHA workforce.

Barriers to entry into AHA roles are low compared to the training and regulation requirements of Allied Health Professionals. Therefore, AHA roles are often an entry point into the workforce, the start of a career path within allied health or into health, aged care or disability support settings. The inclusion of this critical part of the allied health workforce supports government initiatives to improve the quality and quantity of the VET-qualified workforce (including through the National Skills Agreement, Fee-Free Tafe initiatives) and support people from a culturally or linguistically diverse background, First Nations' people, JobSeekers and people with caring responsibilities into the workforce.

An example of the importance of AHAs and that meets government priorities to address workforce shortages in regional and remote areas and in the First Nations' health workforce is from Dubbo, NSW. 'AHAs who identify as

⁸ Australian Institute of Health and Welfare (AIHW) (July 2022) General practice, allied health and other primary care services

⁹ Ibid

¹⁰ As part of HumanAbility's role in developing and maintaining industry relevant vocational training packages, there are several Allied Health qualifications that need to be reviewed and updated. This will support an increased number of the AHA workforce being adequately and appropriately trained and qualified for the work they are undertaking.

¹¹ Somerville, L., Davis, A., Elliott, A. L., et al., 'Building allied health workforce capacity: a strategic approach to workforce innovation', Australian Health Review, Aust Health Rev, 39(3): 264-270, <https://doi.org/10.1071/ah14211>.

¹² Victorian Government, 2023, Victorian Allied health Assistant Workforce Project (p2)

Aboriginal are acting in a connecting capacity, supporting Aboriginal people to navigate the health system in a culturally safe manner¹³ thus strengthening access to culturally safe care.

Changes in model of care inform changes in the allied health workforce needed

In the 10 years from 2012 to 2022 there was a 300 per cent increase in home-based care (aged care) recipients¹⁴. Allied health services (e.g. physiotherapy, occupational therapy) are often key services that enable a person to stay at home preventing or delaying their entry into residential care. Ideally, where there is demand for allied health services as part of home-based care and the sufficient allied health workforce, an AHP would do an initial assessment and develop a therapy program for a patient/client. An AHA could then provide a substantial part of ongoing support (for example weekly) as guided by the AHP, to the patient/client in implementing the therapy program.

Similarly for virtual care models an AHP can virtually provide an initial assessment and program, supported by an AHA to support the patient/client in the implementation of their therapy program. A core function of AHAs is to provide direct care and support in the implementation of programs, developed by AHPs, and to undertake administrative tasks to assist in client care being efficient and effective, their function can free up a significant amount of capacity in the already-stretched AHP workforce. The growth in virtual care models assists in addressing workforce shortages and barriers to access services especially in regional, rural and remote areas and for people with a disability. However, such a model relies on having a sufficient supply of AHP and AHA workers to meet demand.

Without recognition of the role of AHAs and an understanding of the size and breadth of this part of the workforce in the Strategy, the risk is that AHPs will spend their time undertaking the full cycle of assessment, therapy, review, evaluation and redesign where an AHA could have reduced the therapy time of the cycle for the AHP. The effective distribution of the work between the AHP and AHA frees the AHP up to work at the top of their scope and to see a greater number of people.

The role of the AHA workforce within the whole allied health workforce

Below are just two examples of the way AHP and AHA functions differ but interconnect providing efficient and effective service and facilitating the ability to work at an appropriate Scope of Practice.

A Speech Pathologist and AHA supporting a child with a speech therapy program

While there is a shortage of Speech Pathologists (approximately 17 per cent vacancy rate), a Speech Pathologist (AHP) can write a therapy program, such as a 6-week therapy program for a child. Under the guidance of the

¹³ NSW Health, September 2022, *Allied Health Assistant Horizon Scanning and Scenario Generation Report* (p24)
<<https://www.health.nsw.gov.au/workforce/alliedhealth/Publications/aha-report.pdf>>

¹⁴ Australia Institute of Health and Welfare (AIHW), 2024, GEN: People using age care - factsheet 2022-23

AHP's program, an AHA can support the child to implement that program on a weekly basis until the child returns to the speech pathologist for a reassessment (and potentially new program).

The alternative options are:

- while the child is on a waiting list for a Speech Pathologist there is no program or support to improve their speech.
- the child receives a program from the Speech Pathologist, then visits the Speech Pathologist each week for 6 weeks to be supported in the implementation of the program. This means the Speech Pathologist has reduced availability to undertake assessments for other children who then may have to wait for a Speech Pathologist. Nor then is the Speech Pathologist working to the top of their scope which could result in their skills being underutilised, them potentially feeling under-valued and leading to them leaving the workforce more quickly. Further, as Issues Paper 1 of the Scope of Practice review (Unleashing the Potential of our Health Workforce) highlights, very high therapy costs, even for those with NDIS packages can be a barrier to someone accessing therapy as frequently or to the extent necessary. For example, \$193.99 is the average cost for an AHP or between \$56.15-\$86.79 per hour AHA)¹⁵. Yet, an AHP and AHA working together to share the support of therapy for that child (as appropriate and within the scope of each role) will extend the availability of the therapy for the child.

[A Physiotherapist and AHA supporting an elderly person who is a falls risk](#)

For someone who is at risk of having falls, a Physiotherapist (an AHP) can design a physiotherapy program for a patient/client, ranging from daily exercises to attending group classes. A Physiotherapist can assess a client and develop their program and then an AHA can assist the patient/client in doing their daily physio program in a supported and safe way. This frees the Physiotherapist up to work at top of scope and to assess more patient/clients while ensuring the patient/client has safe access to participation in their exercise program and support, often enabling them to stay at home for longer or leave inpatient hospital treatment more quickly (rather than going into residential care or rehabilitation).

Without an AHA where an AHP's program could be supported by an assistant, the client may instead wait longer for an initial assessment, be unable to undertake the therapy program in a supported, safe manner, may need to pay more to undertake the program with the Physiotherapist directly, stay as an inpatient for a longer period of time, and/or the patient/client may need to enter residential care to ensure their safety.

¹⁵ National Disability Insurance Scheme, 2024, Pricing update 28 June 2024.

Scope of practice and career pathways

There is growing support for establishing clear employment (and training) pathways within and across settings, so workers see value and opportunities for career progression in the sectors. The Australian Universities Accord's Interim Report has further reiterated this point, making recommendations towards a coherent tertiary system with collaborative arrangements to deliver more integrated qualifications and pathways.¹⁶

"The optimal utilisation of AHAs enables greater access to services for a larger number of consumers, whilst allowing AHPs to complete more complex work."¹⁷

As this submission has already discussed, AHAs are an important part of enabling AHPs to work at the top of their scope of practice. Equally, evidence has emerged that the severe workforce pressure and shortages of the COVID-19 pandemic led to occurrences of AHAs providing therapy and supports ordinarily undertaken by a nurse.¹⁸ This highlights the risks of an emerging and not yet clearly defined workforce undertaking duties outside of their scope and potentially risking ongoing patient care.

The existence of AHAs supports the career pathways of AHPs 'because AHAs increase the capacity of Allied Health services, by allowing AHPs to work to the top of their scope more frequently. Demand for AHAs is driven by this ability to effectively support AHPs to focus on more complex service delivery tasks.¹⁹ It should be noted AHA roles also provide a stand-alone career as well as a starting point for career pathways across the care and support sector.

In anticipation of the Independent Scope of Practice Review, to be finalised in October 2024, the inclusion of the AHA workforce in the Strategy would support its aim to remove barriers to [allied] health Professionals working to their full scope of practice.

HumanAbility's existing training and qualifications projects underway

In response to some of the historical and ongoing challenges facing the Care and Support sector and discussed throughout this submission, governments, industry and key stakeholders have identified the need for improved career pathways. While there have been previous efforts to consider career pathways through other projects, the projects were narrower in focus, developed at a point in time and did not address the key strategic issues and challenges confronting the wider care and support sector. With the expanded remit of the new Jobs and Skills

¹⁶ Australian Government Department of Education, 2024, the Australian Universities Accord Interim Report.

¹⁷ Monash Health, Victorian Allied Health Assistant Workforce Project p2 [3-01-Health-Victorian-Allied-Health-Assistant-Workforce-Recommendations-Overview-v2.pdf \(monashhealth.org\)](#)

¹⁸ Victorian Government, 2023, "Victorian Allied Health Assistant Workforce Project" p2

¹⁹ NSW Health, September 2022, *Allied Health Assistant Horizon Scanning and Scenario Generation Report* (p24) <https://www.health.nsw.gov.au/workforce/alliedhealth/Publications/aha-report.pdf>

Councils, HumanAbility is well-placed to undertake this work with a broader focus, which will both be informed by and inform a National Allied Health Workforce Strategy.

In light of this, HumanAbility currently has underway a Career Pathways project (pathways project) and a review of the implementation of Certificate III in Individual Support and Certificate IV in Disability Support (implementation review). The pathways project spans aged care, disability support and veteran's care with the intention to extend this project to other sectors in future. This project will look at the types of pathways that are available to people in these workforces, primarily supported through the VET system and may also include non-accredited training. The pathways for the allied health workforce within these sectors are within the scope of the project.

The scope of the Implementation Review project is looking at challenges and barriers around the implementation of the Certificate III in Individual Support and Certificate IV in Disability Support. Although this project has no specific focus on allied health students or workforce within its scope, allied health stakeholders have raised concerns with us that the regulatory environment and associated funding models can drive employers away from recruiting people with one qualification (for e.g. a Certificate III in Allied Health) and towards another despite the important differences of training outcomes for each.

More broadly, HumanAbility has over 100 qualifications within our scope for ongoing review. While traditionally the allied health workforce was predominantly in the public health system, it has now expanded into aged care, disability support and primary and community health care. Allied health stakeholders have raised concerns with HumanAbility that current vocational courses on offer are of variable quality and have not been suitably updated to reflect a change in settings, leading to Allied Health Assistants who are not job ready on completion of their studies. This feedback will inform HumanAbility's next review of the allied health qualifications.

[Inadequate and inconsistent data is contributing to AHAs being overlooked in the draft outline](#)

HumanAbility is pleased the draft outline builds on the findings of the Kruk Review and acknowledges how critical improved data collection is for the Allied Health workforce to more accurately inform what is needed to meet current and future demand. It is a foundational piece to understanding the whole workforce and should underpin the National Allied Health Workforce Strategy. Addressing the limited and inconsistent data available is a matter of urgency to reflect the breadth and extent of the whole allied health workforce.

While there is a recognised national shortage for some allied health professions, data on other AHPs is limited or difficult to quantify and there is little to no data on AHAs. Studies have shown that AHAs are underutilised in alleviating the service delivery pressures²⁰ currently faced by practitioners and service providers. However, the

²⁰ Huglin J, Whelan L, McLean S, Greer K, Mitchell D, Downie S, Farlie MK. Exploring utilisation of the allied health assistant workforce in the Victorian health, aged care and disability sectors. BMC Health Serv Res. 2021 Oct 23;21(1):1144. doi: 10.1186/s12913-021-07171-z. PMID: 34686210; PMCID: PMC8540135.

lack of data available on workforce demographics, the nature and location of services, and the number of workers required, inhibits a full understanding of what is needed to change this. Improved data would provide a better understanding of:

- where AHPs are working below their scope of practice because there is not an AHA workforce to support them.
- whether there is a shortage of AHAs and if so, where or in what roles.
- the extent and effectiveness of AHAs providing multi-functional support to a patient/client. E.g. where an AHA may be supporting the implementation of multiple plans developed by multiple AHPs for one patient/client.
- where AHAs are an enabling part of increased or quicker access to care.
- the demographics of the AHA workforce aligned with the AHP workforce to understand, the people who are working, and trends that impact this over time.

This level of data would then provide a fuller and clearer insight into challenges of attraction, retention, and job satisfaction of the allied health workforce. This is essential for the mapping of career pathways and the identification of skills and training needs to occur.