

Response to consultation on the Draft Outline of the National Allied Health Workforce Strategy

9 July 2024

Background

The Australian Government is working with state and territory governments to develop a National Allied Health Workforce Strategy 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.

In May 2024, the Department released a consultation paper on a draft outline of the Strategy and sought comment.

The below responses to the consultation paper were provided by Research Australia via an electronic survey on 9 July 2024. The responses focus on the need for the strategy to recognise the role of allied health professionals as clinician researchers in creating a self improving allied health sector and supporting retention of allied health professionals. To achieve this the Strategy needs to better support clinician researchers and the submission highlights ways to do this.

Acknowledgements

Research Australia gratefully acknowledges the contributions to this submission provided by the following (in alphabetical order):

Associate Professor Kelly Allott

Principal research fellow at Orygen and a clinical neuropsychologist in private practice.

Dr Kiah Evans

Senior Lecturer and researcher at the University of Western Australia, and a research fellow in the CliniKids Team at Telethon Kids Institute, formerly practising as an Occupational Therapist

Professor Susan Hillier

Dean of Research at the University of South Australia and a practising physiotherapist

Dr Marie March

Physiotherapist in the emergency department at Blacktown Mt Druitt Hospital, and Cunningham Orthopaedic Research Fellow at St Vincent's Private Hospital Sydney

Professor Meg Morris

Professor of Implementation Sciences at La Trobe University, Executive Director of the Academic and Research Collaborative in Health (ARCH) at La Trobe University, jointly employed by the University and Healthscope, and based at The Victorian Rehabilitation Centre. Formerly a practising physiotherapist

Response to the Survey

What is your area of practice or interest?

Research Australia's interest is in health and medical research and innovation, and specifically the role of allied health practitioners who are clinician researchers or would like to be more research aware and/or active.

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? Please explain your selection (no word limit).

Not useful/Slightly useful/Moderately useful/Highly useful/Extremely useful/Not sure

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

Trade unions and professional associations

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

1. *The Strategy's goals are appropriate.* Please explain your selection.

Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ Agree/ Strongly Agree/ Not sure

The strategy needs another goal, which is to develop an allied health workforce that can drive a self-improving allied health sector through generation and implementation of evidence-based practice by allied health practitioners.

Allied health clinician researchers have the expertise to improve health, safety, wellbeing and satisfaction in workplaces (hence making workforces more sustainable).

They also have the expertise to facilitate inter-professional education and collaboration to improve person-centred care, communication and health outcomes.

Central to achieving this goal will be increasing the number of allied health clinician researchers at all career stages. It requires better career pathways, including those which allow allied health practitioners to switch between practice, research and teaching throughout their careers. It also requires more funding for research by allied health clinician researchers.

1. *The Strategy's goals are achievable.* Please explain your selection.

Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ Agree/ Strongly Agree/ Not sure

A comprehensive and sustainable approach to workforce data collection and publicly available data on the workforce will be critical to the strategy's success.

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. Please explain your selection.

Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ Agree/ Strongly Agree/ Not sure

Other key issues are:

- How allied health practitioners can remain up to date with and more readily and easily implement the latest evidence-based care.
- How allied health practitioners maintain the currency of their skills and practice as the sector changes
- More opportunities for allied health practitioners to work in clinical research teams
- How allied health practitioners can more effectively engage with consumers to co-design and co-implement changes to practice and co-evaluate the effect of allied health and other therapies through measures of patient experiences and patient outcomes.
- Pathways to practice for overseas trained allied health practitioners.

It is important to recognise that allied health practice is changing rapidly but unevenly. There is a rapid transition to online health and social care services and allied health professionals (24 different disciplines) are at the forefront of digital service delivery. At the same time there are global efforts to link Australian health care with world best practice; there is a need to increase the capability and capacity of the allied health workforce to link with global experts and to implement global best practice.

‘Another feature of top-end healthcare is the use of multidisciplinary teams, drawing on expertise on everything from dieticians to dermatologists. Since 1984, allied health care has expanded considerably. There are some initiatives in place for team-based care for people with chronic health conditions, but for the average patient, coordination could be better. Co-location of services is being pioneered in some settings, including First Nations health care, and offers the potential for better patient care and less duplication.’

[The Hon Andrew Leigh MP Assistant Minister for Competition, Charities, and Treasury Assistant Minister for Employment Speech to the Academy of the Social Sciences in Australia Symposium, Wednesday 19 June 2024, Canberra]

In addition to a push to more interdisciplinary teams, the Government wants to increase the scope of practice of the entire health workforce. This is another objective allied health clinician researchers can support.

Allied health models are transforming into transdisciplinary care instead of multidisciplinary care, and there are few governance, regulatory or industrial award frameworks in place to recognise these highly skilled practitioners, who are working to an advanced or extended scope in a patient-centred way.

Current funding models separating state/hospital care and federal/primary care limit the ability to provide continuity of care which is more important for the allied health workforce compared to other disciplines.

If supported properly by their workplaces, Allied health practitioner researchers are ideally placed to work with patients to support the co-design, development, implementation and evaluation of new models of multidisciplinary and interdisciplinary care.

Which three issues do you think are most critical for the Strategy to address? (select 3 from the list below)

- Existing workforce strategies and models of care
- Existing projects that governments are doing that will impact on allied health professionals
- What we know about the allied health workforce
- What we are doing to ensure consumers can access safe and high-quality allied health care
- Gaps in what we know about the allied health workforce
- Reforms and trends that influence how allied health professionals practice in Australia
- The health of Australians and the role of allied health professionals in supporting good health
- How allied health professionals work

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

The Strategy should support allied health practitioner-led research and pilot programs to investigate how to grow the First Nations allied health workforce and to improve access to allied health among First Nations and Torres Strait Islander people. This includes investigating new pathways for acquiring qualifications and new settings for placements.

Currently allied health professional training across a range of disciplines has crept from a Bachelor degree to a graduate entry Masters or professional Doctorate, which is inaccessible to a range of candidates including First Nations, and it limits the diversity in our workforce.

Rigidity in degree delivery and clinical placement design is a barrier to many candidates entering and successfully completing allied health professional degrees (both First Nations and diverse backgrounds). Flexible modes of delivery and clinical placement need to be developed and assessed and we need to investigate alternative pathways that include an allied health assistant pathway to professional practice.

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).

Research and pilot programs to investigate how to grow the diversity of the allied health workforce and to improve access to allied health among diverse communities. This includes investigating new pathways for acquiring qualifications and new settings for placements.

In specific professions, the need to disrobe in the context of a mixed gender environment dissuades women from a range of cultural and religious backgrounds from applying to degree courses. This reinforcement has profound effects on the culture of these professions, making them even less welcoming and inclusive for intersectional minority groups (Jang et al 2023 Physiotherapy Theory and Practice.)

Specific degree courses need to be developed with intersectional minorities in mind that address cultural safety from a local and systems lens.

SNAPSHOTS OF ALLIED HEALTH PROFESSIONALS

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

Strongly Disagree/ **Disagree**/ Neither Agree nor Disagree/ Agree/ Strongly Agree/ Not sure

Please highlight any sectors that are not appropriate, or any that have not been considered. Please explain your response.

There are some settings missing, such as paediatrics, and government/policy. Allied health professionals work in all sectors of the Australian health and social care systems. The list above does not highlight the critical roles played by allied health professionals in evidence-based clinical research, training the future research workforce, enabling consumer focussed care, policy development and policy implementation, preventive health, engagement with governments, the not-for profit sector and private healthcare as well as home care and residential aged care. This document has over-emphasis on public health and hospital services.

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.

The snapshots should include information about allied health clinician researchers undertaking research in each sector, highlighting their qualifications, the path to a higher degree in research, and current and past research activities and achievements. Useful context to the snapshots would be information about career stages and demographics, and information about vacancies and demand for positions.

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? Please explain your response.

- Creating a more research aware and research active allied health workforce.
- Providing resources and training to allied health professionals so they can rapidly translate evidence into clinical practice
- Better partnerships between universities and healthcare agencies to enable clinical research to be done in clinical settings, with support for allied health professionals to undertake education and training, including higher degrees on topics relevant to health industry partners.
- Better pathways to support allied health practitioners to upskill, particularly in research. This needs to cover the whole spectrum: becoming research aware, research active, research leaders, research implementers
- Providing more opportunities for AH practitioners to become allied health clinician researchers and find ongoing employment.

This requires an allied health clinician researcher workforce, with a focus on co-creation of research with consumers and a strong emphasis on research implementation.

The Victorian Government's Allied Health Research Framework makes the case for including research in allied health practice. <https://www.health.vic.gov.au/allied-health-workforce/allied-health-research>

Commonwealth, state and territory health plans and strategies invariably emphasise the need for innovation, data-driven care, workforce retention, and safe high quality patient care, all of which are facilitated by allied health clinician researchers embedded in health services. It is critical the National Allied Health Workforce Strategy support these objectives by emphasising the importance of the skills needed to deliver these objectives.

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?

The Strategy needs to undertake periodic surveys of the allied health workforce to measure factors like job satisfaction to understand what motivates people to leave the sector and what would help encourage them to stay. An initial survey would set the benchmark against which future change could be measured. There should also be a systematic collection of data from exit surveys when allied health practitioners leave roles.

Through our university members involved in training and upskilling allied health practitioners in research practice, we know anecdotally that many allied health practitioners leave the profession because they are bored or frustrated at a health system that doesn't change and is dominated by antiquated models and ways of thinking.

Research is not perceived as 'core business' in allied health public services in general, and so there are no incentives for middle managers whose KPIs are solely around patient care and service delivery. We need better reporting of research activity embedded in health to properly assess the Strategy. For example, it would be very valuable to be able to undertake an assessment of allied health-led initiatives that have been scaled to statewide/nationwide levels.

We also need industrial awards to include allied health clinician researcher roles and pathways. Changes to industrial awards to reflect the new breadth of roles envisioned by the Strategy could be both a means of implementing the Strategy and an intermediate indicator of its effectiveness in changing the workforce.

Research capacity building workshops 'attract a never-ending stream of allied health practitioners who want to use research to try and improve or implement new models of care (as well as try to increase their role and contribution obviously). There are examples of allied health practitioners providing alternate models of service provision – for example physiotherapists triaging people with pain to avoid surgery, or women's health physios to prevent women going onto genito-urinary surgery. It is all evidence-based. There is also a lot of work around social work/occupational therapy/physiotherapy teams in hospital emergency departments preventing all the social admissions that turn up on the "ramp".

Similarly, the social work and occupational therapy teams in mental health are desperate to implement new models of support and engagement. One university has established peer-support programs for example that gather data as they go.

Increased participation by allied health practitioners in workshops and other professional development opportunities, to support a self-improving allied health sector through generation and implementation of evidence-based practice could also be used as an intermediate indicator of success of the strategy.

Increased participation within public health settings and adjacent to health services providing ongoing or outpatient care should also be measured as part of the overall Strategy.

FEEDBACK

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

Allied health clinician researchers are individuals trained as health practitioners in allied health who are concurrently active researchers. They typically have higher degree research (HDR) qualifications or are undertaking an HDR qualification. For the purposes of this submission, we are focusing on allied health clinician researchers who divide their work between research and their allied health clinical practise.

Allied health clinician researchers are a critical but often overlooked and poorly understood part of the allied health workforce.

There are many ways in which allied health clinician researchers are critical to the allied health workforce and to the evolution of allied health practice:

- Opportunities to train and work as a clinician researcher support retention in the workforce by providing career progression for allied health practitioners which involves a continued clinical role. Retaining experienced and senior staff in the health workforce is important for patient safety and high-quality care, and for training new graduate allied health clinicians.
- Allied health clinician researchers help improve the working environment for allied health practitioners, particularly in rapidly changing times. They can help allied health practitioners inform the change that happens; thus, ensuring research in allied health addresses unmet needs, is fit for purpose and reflects the realities of delivering allied health services.

Allied health clinician researchers undertake a wide range of research, with different outcomes relevant to the workplace and AH patients:

- Research to develop and support allied health practitioners to work to their full scope of practice.
- Research to demonstrate the value of allied health practitioners working in multidisciplinary healthcare-based teams
- Research to improve experiences of consumers accessing services delivered by allied health
- Research to improve outcomes for consumers accessing services delivered by allied health

Research to develop and evaluate the efficacy of new technologies and approaches to inform implementation or de-implementation - e.g. digitally delivered allied health services and robot assisted therapy.

END