

National Allied Health Workforce Strategy

Commonwealth Chief Allied Health Office

Via email to caho@health.gov.au

Submission by the **Australian Physiotherapy Association**

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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

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1. Executive Summary

Introduction

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the *Draft Outline of the National Allied Health Workforce Strategy*. Allied health professions, such as physiotherapy, are key to Australia's healthcare workforce and vital to addressing the healthcare needs of Australians. Despite this, there has been a lack of focus on the development and growth of this component of the workforce.

The APA welcomes the development of the National Allied Health Workforce Strategy (the Strategy), a plan aimed at establishing a national strategic approach to allied health workforce policy. The plan needs to address current and future challenges and opportunities for our workforce, and will be important to direct the required planning to support disciplines to work to their full scope of practice. However, we hold some significant concerns in relation to the current direction, which lacks specificity and definition, and as a result, will not produce the required outcomes.

We would also like to emphasise that fostering collaboration in Strategy planning and design is essential. The peak bodies of the key disciplines, particularly those that are regulated, including the APA, need to be directly involved in the strategy development. This involvement should extend beyond a typical sector consultation process, similar to the approach taken in the medical and nursing workforce strategy builds. These builds included both a Strategy Steering Committee and Strategy Advisory Group, with the latter encompassing the peak associations.

APA Position

Draft outline of the National Allied Health Workforce Strategy

The Strategy is a needed to support allied health workforce planning

Despite being the largest healthcare sector, there is little known about allied health and the crucial factors that contribute to workforce growth. To gain a deeper understanding of the allied health workforce, there needs to be more emphasis on needs-based planning, ensuring a sustainable supply and distribution of the health workforce that optimises access and addresses needs. There also needs to be a stronger focus on skill supply issues, ensuring adequate supports and targeted development for growing areas of need.

The Strategy needs to drive recruitment and retention strategies including incentivised supports to build and support workforce capacity. It needs the same emphasis and focus that was committed to the National Medical Workforce Strategy 2021–2031. If well-executed, this strategy could assist health workforce planners in addressing these challenges and create consistency across jurisdictions and settings. However, to build workforce capability, more attention must be given to both national workforce planning and to service redesign to deliver contemporary care models and clinical excellence. This relies on data and strategic foresight to make more accurate predictions, ensuring we make the right decisions now to guide this essential workforce into the future.

The strategy needs to be meaningful

A strategic approach to workforce planning and investment

Planning for allied health, one of the three pillars of our healthcare system, is marred by a lack of clear definition and data insights to guide workforce planning. The Strategy should be seen as an opportunity for the sector to establish its definition, serving as a foundation for the broader health system and policymakers. The successful implementation of this Strategy depends on the ability to accurately describe the sector. For it to contribute to thoughtful investment in health disciplines experiencing shortages as well

as funded solutions to facilitate appropriate skill mix in addressing patient need, it requires a picture of the necessary disciplines.

Physiotherapists bring value-based and evidence-based expertise to patients and the health system. As primary contact practitioners, physiotherapists have the expertise to manage the care of patients at various stages of the chronic disease continuum. In workforce planning it is important to understand the size and location of a professional pool, and particularly across different clinical settings. The related work occurring in the independent review of complexity in the National Registration and Accreditation Scheme and Scope of Practice Review will provide key inputs.

A successful strategy will result in the development of an allied health workforce that meets the needs of Australians and improves health outcomes. This won't occur unless there are clear objectives, success metrics and accountability of the Strategy.

We are not all the same

The Strategy must address the skills and capabilities of individual allied health professions

We believe that a national workforce plan encompassing physiotherapy and allied health is essential to meet a core policy aim of driving sustainable health workforce supply and distribution to address patient needs. To achieve this, there is a need for deeper insights into the structure and composition of the allied health workforce. A process which begins in strengthening the definition of the umbrella term 'allied health'.

The APA feels strongly that the strategy outline should address this key requirement. This is a fundamental element to establish an evidence-based framework that can provide a more accurate description of the nature, complexity and outcomes of each discipline. A more comprehensive definition of both clinical and non-clinical disciplines, which will inform and bolster broader health system planning, is key requirement of this plan.

Due to the mix of regulatory schemes in allied health, the APA is pleased to see regulation will be included in the Strategy. Describing the ways in which allied health disciplines are regulated will clarify the different requirements and professional standards for each discipline as well as provide a framework for the regulation of emerging disciplines.

Ensuring reform success

The Strategy should focus on the disciplines that are instrumental in driving the necessary integration and have the most significant impact on health outcomes

The complexity of the current healthcare system, including the federal-state separation, hinders the efficient delivery of care. A shift towards evidence-based preventive and timely primary care interventions is critical to prevent costly medical procedures and surgeries.

The Strategy should strive to enhance the allied health workforce and service models, enabling them to contribute effectively to the wider healthcare team. It should aim to deliver high-value, efficient, and patient-centred services, ensuring that care is provided by the appropriate practitioner, in the right setting, and at the right time.

Physiotherapy is the fourth largest group of registered primary care professionals in the country, following nurses, GPs and psychologists. Physiotherapists bring value-based and evidence-based expertise to patients and the health system. As primary contact practitioners, physiotherapists have the expertise to manage the care of patients at various stages of the chronic disease continuum.

The Strategy requires thorough wide-ranging consultation to instigate essential system change. This should include larger disciplines that are reliant on its success, extending beyond the current approach of involving only the Chief Allied Health Officers from state and territory governments as is currently listed in the steering group for the development of the strategy.

There is now a pressing need to outline the value of each discipline, particularly for funders and planners. The larger allied health professions should be prioritised and examined in a way that can effectively support workforce planning. This approach will ensure that each profession's unique contributions and needs are recognised and addressed.

Conclusion

Stronger national policy action is required to strengthen the existing health workforce, including ensuring increased access to physiotherapy. In building workforce capability, we need a focus to both national workforce planning and service redesign in order to deliver contemporary care models and clinical excellence.

In gaining a deeper understanding of demand and supply factors for the allied health workforce, there is a need to focus on workforce planning through the development of a national workforce strategy across all professional groups. Regulation has an important role in ensuring appropriate clinical standards and promoting safety and quality objectives. However, different regulatory and funding structures alongside a lack of centralised strategic planning for allied health is impacting on sector development.

A lack of allied health national data also presents a significant evidence-to-policy gap and this remains a key barrier to workforce planning in establishing workforce supply, distribution and estimation of future workforce needs.

2. Recommendations

The Australian Physiotherapy Association (APA) believes that all Australians deserve equal access to safe, high-quality, evidence-based care. Physiotherapy provides a path to better health and wellbeing but for too many Australians access is denied or inadequately funded. Transforming the health system requires a workforce policy solution to ensure best use of the health workforce alongside structural reforms so that patients are connected to the most clinically appropriate and cost effective pathway.

The APA has identified seven recommendations to help guide the future development of the National Allied Health Strategy.

Recommendation 1	Strengthen the definition of the umbrella term 'allied health' to reflect the complexity of health care and to inform an evidence-based framework for health care delivery.
Recommendation 2	Define discipline roles nationally to assist in clarifying full definition and scope in the context of the relationship to the existing regulated allied health workforce.
Recommendation 3	<p>Establish a Strategy Advisory Group to ensure the peak bodies of the key disciplines, particularly those that are regulated, including the APA, are directly involved in the strategy development.</p> <p>This should extend beyond a typical sector consultation process, similar to the approach taken in the medical and nursing strategy builds which included both a Strategy Steering Committee and Strategy Advisory Group, with the latter encompassing the peak associations.</p>
Recommendation 4	<p>Revise the goals to include a more solid reform commitment to steering the required reform, thereby ensuring a robust future for the allied health workforce.</p> <p>Please refer to specific recommendations provided in the survey responses for Goals 1 to 7.</p>
Recommendation 5	Develop discipline specific definition of advanced practice in professions where this has been established.
Recommendation 6	Establish an independent agency to manage the workforce crisis, similar to the now-defunct Health Workforce Australia.
Recommendation 7	Establish a national minimum allied health data set to underpin strategies to build a stronger allied health workforce and inform service requirements.

3. APA's response to the consultation questions

3.1 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.

Q1. How useful do you think the Strategy will be for these groups and organisations (from selection)?

- Not useful
- Slightly useful
- Moderately useful
- Highly useful
- Extremely useful
- Not sure

Q2. Please explain your selection.

APA response:

A national workforce strategy is both essential and beneficial, providing broad support to the sector. The Strategy would provide a national framework to uplift the sector's workforce and strengthen the healthcare system. However, the APA does not believe that the Strategy, as structured in the draft outline, would be useful in directing workforce design.

Planning for allied health, as one of the three pillars of our healthcare system, is marred by a lack of clear definition and data insights to guide workforce planning. To optimise the allied health workforce and service models, there is a need to define allied health and the types of allied health care.

The Strategy should be seen as an opportunity for the sector to establish its definition, serving as a foundation for the broader health system and policymakers. The successful implementation of this Strategy relies on being able to accurately describe the sector. In order for it to contribute to considered investment in health disciplines experiencing shortages and funded solutions to facilitate appropriate skill mix in addressing patient need, it requires a picture of the required disciplines. When analogous strategies were formulated in medicine and nursing, there was no ambiguity about the ownership of the sector or plan. This clarity is a critical factor to consider. Without it, the Strategy is less likely to garner support from the larger regulated disciplines within the allied health sector.

In workforce planning, it is important to understand the size and location of a professional pool, and particularly across diverse clinical settings. The related work occurring in the Independent review of complexity in the National Registration and Accreditation Scheme and Scope of Practice Review will provide key inputs to setting this requirement. The continued engagement of State and Territory governments is needed in the development of allied health workforces. Such a strategy will allow for consistency across jurisdictions and settings.

Q3. Please outline any other groups for whom the Strategy would be useful.

APA response

While the Strategy is still a work in progress, its current form offers a foundation that, although limited in application and use, holds potential for expansion and refinement. However, we note that this is an iterative build and expect the depth to follow through a commitment to consultation with the sector.

At this stage, the outline of the Strategy could potentially limit its applicability to individual allied health practitioners, organisations or practices. Its current form may be too abstract to effectively guide planning and it lacks the necessary detail to steer the strategic alignment of the workforce, efforts to build recognition, or support the awareness of the full scope of practice.

To ensure the Strategy's usefulness across a broad audience, it's imperative that the consultation process includes key stakeholders. The absence of formal involvement of Allied Health Professions Australia and the national peaks, including the Australian Physiotherapy Association, in the design and development is a concern. Addressing this issue is critical as we build to future iterations.

At the health systems level, there are a number of broader impediments to sustainable and responsive health workforce planning that will impact its success. These include the lack of a national planning body, limited data capture, and uneven regulatory arrangements that limit reform. However, we see the potential for this Strategy to be highly useful if the government is sufficiently engaged in the development and committed to using the strategy to guide policy.

Q4. Are the Strategy's goals appropriate (from selection)?

Please outline your level of agreement with the following statements.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Not sure

Q5. Please explain your selection.

APA response:

The APA would like to see a stronger commitment to the required reform reflected in these goals. The goals are weakened by a lack of commitment to their enforcement. The overarching goal should be to prioritise a national workforce plan for allied health, encompassing definition and needs assessment to ensure sustainable supply and distribution.

Goal 1, to provide a current picture of the allied health workforce, is key to ensure we have a stronger understanding of the allied health workforce but the aim is diminished by a lack of commitment to defining the sector.

While **Goal 2**, to identify how key stakeholders can work together to improve allied health workforce planning, which involves fostering collaboration in planning and design, is essential, it is already compromised by the current approach of the national strategy build. The peak bodies of the key disciplines, particularly those that are regulated, including the APA, need to be directly involved in the strategy development. This involvement should extend beyond a typical sector consultation process, similar to the approach taken in the medical and nursing strategy builds. These builds included both a Strategy Steering Committee and Strategy Advisory Group, with the latter encompassing the peak associations.

Beyond these establishment goals, the broader goals need to be strengthened to direct action in enabling reform.

For **Goal 3**, which broadly aims to consider how to improve training of allied health students so that we have enough professionals working where they are need most, a more definitive statement would be beneficial. Instead of 'Considering how to improve training...', we should aim to 'Reform the training pathways'. A further strong focus is needed on addressing the barriers to clinical placements and building the required teaching capacity. The second part of this goal should be an independent goal to 'Rebalance supply and distribution, to address supply and maldistribution' as a broad recruitment and retention aim and to drive targeted workforce incentives.

In **Goal 4**, which broadly aims to consider how to ensure allied health professionals are skilled to work across the range of different sectors where they are needed, again a stronger statement would strengthen it. The emphasis should be on health service delivery through workforce capacity, and reframed to 'Build the skills and capabilities of the workforce to ensure optimal skill use'. A key action underpinning this goal would be to expand the focus to include advanced practice roles, to maximise impact on health and health service outcomes.

Goal 5, which aims to consider what is needed to make sure rural communities and First Nations peoples get access to allied health services, is important due to its emphasis on rural communities and First Nations access. However, it should be further reinforced to guide reform. This goal would also necessitate a commitment to growing the Aboriginal and Torres Strait Islander workforce. The key actions that support this goal should include a commitment to improving the cultural safety of existing services. It would need separate and firm commitments to support workforce development in addressing rural access barriers and health disparities.

Goal 6, which emphasises regulation and specifically states the need to consider the implications from how we regulate allied health professions and what could be improved, is key. However, it needs to be more explicit in directing the required regulatory controls to workforce planning. There needs to be a greater focus on role clarity and the required skill mix to enhance care and services, and to ensure care is delegated safely with appropriate levels of supervision.

The key actions that support this goal should ensure the introduction of new disciplines into allied health teams is based on patient needs and informed by national needs analysis led by a national workforce planning body. Furthermore, there needs to be increased attention to protect the scope of existing disciplines to ensure new disciplines or an expanding assistant workforce do not substitute regulated professions.

Goal 7 to improve the workforce data that we collect so that we can understand how many allied health professionals we have in Australia and how many are needed in the future to meet demand, is also critical. However, it needs to be more explicit to establish a national minimum health data set to build a clearer picture of allied health services. More focus on needs assessment and workforce data is needed to truly understand demand and supply issues. This is reliant on support to comprehensively define allied health and to distinctly identify the disciplines that will be encompassed by the workforce outlined in this strategy.

Q6. Are the Strategy's goals are achievable (from the selection)?

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Not sure

Q7. Please explain your selection.**APA response:**

While the current goals are broad enough to potentially be achievable, they require more policy depth to address key and emerging issues impacting on the allied health workforce.

Given that the goals are still in the process of being defined, their achievability and suitability remain uncertain. The APA is eager to contribute more to this process. To make the goals attainable, it's important that we gain deeper insights into the structure and composition of the allied health workforce. This process should start with strengthening the definition of the umbrella term 'allied health'. This would contribute to an evidence-based framework that can more accurately describe the nature, complexity and outcomes of each discipline. It would better define the clinical and non-clinical disciplines to inform and support broader health system planning.

In gaining a deeper understanding of demand and supply factors for the allied health workforce, there is a need to focus on workforce planning through the development of a national workforce strategy across all professional groups. Regulation has an important role in ensuring appropriate clinical standards and promoting safety and quality objectives. However, different regulatory and funding structures alongside a lack of centralised strategic planning for allied health is impacting on sector development.

A lack of allied health national data also presents a significant evidence-to-policy gap and this remains a key barrier to workforce planning in establishing workforce supply, distribution and estimation of future workforce needs. Stronger national policy action is required to strengthen the existing health workforce, including ensuring increased access to physiotherapy.

In building workforce capability, we need a focus to both national workforce planning and to service redesign in order to deliver contemporary care models and clinical excellence. Prioritising sustainable training pipelines, including investment in new graduates and teaching capacity, is key to ensure the future workforce is resourced based on community need. Changes in population and reforms towards more integrated models of care will also impact on demand, distribution, and scope of practice.

Additionally, funding will be required to develop the capacity to strengthen national data capture, to build mechanisms to identify demand and to implement meaningful workforce strategies that support the allied health workforce.

3.2 Current and future state of allied health in Australia

Q8. The issues discussed accurately represent the main issues facing the sector.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Not sure

Q9. Please explain your selection.

APA response:

While the Strategy currently seems to focus more on the present state rather than the future state, it's important to maintain a forward-looking perspective. This involves offering a comprehensive policy view across a broad range of reform areas to drive significant change.

It's important to note that each discipline within allied health has its own scope and skill set. For instance, some disciplines, such as physiotherapy, having a broader scope than others. As a result, communities with access to 'allied health' that includes physiotherapy will receive a different level of care to communities that don't have physiotherapy access. This highlights the need for a nuanced approach in planning and implementing the Strategy to ensure equitable care across all communities.

The key issues of access and affordability remains largely unaddressed. The section outlining key issues does not adequately focus on the systemic failures underpinning access to allied health services and impact of these failures.

The discussion on funding is notably missing, except for references to the existing, very limited funded models of care. The Strategy outline needs to also include funding to ensure more validity to the plan. It is necessary to provide context to the different rebates and funding arrangements, as well as the differing arrangements and rules set to each. This is crucial in understanding the limitations placed on scope of practice of the practitioners.

The Strategy needs to do more than just map the current state of allied health. As the future of health care unfolds, we need a workforce plan that is informed by data and that captures service demand and emerging priorities as well as the required skill profiles to support.

The Strategy should focus on identifying and addressing the existing gaps in data and extend to needs assessment to identify high priority locations, professions and workforce requirements. The lack of allied health national data presents a significant evidence-to-policy gap in advancing our shared policy aims. If we are going to make the required transitions to the future of health then we need to quantify the demand and supply of physiotherapy services. The work to prioritise an Allied Health Data Project is a key step towards closing the policy gap through establishing critical data building on the National Health Workforce Dataset (NHWDS). However, the key missing piece is a focus on workforce demand through needs assessment.

The key issue undermining policy success lies in the current funding arrangements that fail to deliver a health workforce and training system able to meet current need and future demand.

The final Strategy will need to ensure that it has the necessary focus on workforce development and training, which includes student participation in and access to suitable clinical placements, the sustainability and appeal of allied health practice, and the development of rural and remote workforces.

When outlining the training requirements of allied health, the Strategy should aim to identify barriers to graduate readiness and propose solutions to overcome these barriers. In the context of physiotherapy, the increasing number of physiotherapy schools, coupled with the evolving healthcare landscape, has led to a greater dependence on private practices to support clinical placements. Current funding arrangements for physiotherapy have not kept pace with this change, resulting in barriers to the practical education that physiotherapy students can receive. It is essential to address the current limitations within the MBS and funding schemes, and broader legislative barrier, to ensure graduates of autonomous professions, such as physiotherapy, are ready to enter the workforce upon graduation.

An understanding of career pathway opportunities, specific to each discipline, should also be included within the Strategy.

In the context of physiotherapy, this includes advanced practice roles which have been established in public hospital systems for 20 years. Although advanced practice physiotherapy roles are well established in Australia, there lacks a consistent definition across state and territory jurisdictions. This Strategy provides an opportunity for a coordinated focus on national consistency and the development of education and training pathways.

The career pathway for physiotherapy in primary care is less defined. The APA's 2023 [Workforce Census](#) identified a lack of career progression as a key factor for attrition. Given the number of physiotherapists working in this sector, there is a pressing need to develop career opportunities within primary care. To build capacity and to ensure future discipline growth, we need more national policy attention paid to a number of key factors that influence the short careers of physiotherapists. Issues including poor remuneration, lack of skill recognition and limited career progression factor strongly alongside a lack of peer support.

The APA supports the inclusion of regulation of the allied health workforce in the Strategy.

The policy intent toward a nationally uniform approach to the regulation of health workers is marred by a mix of formal regulation and self-regulation. Different regulatory and funding structures alongside a lack of national planning enables the development of unplanned and self-regulated professions. In allied health, we see a mix of clinical and non-clinical roles, some regulated, others not, with no clear definition of what allied health actually is.

A policy barrier that also leads to limited data capture with more focus required a needs assessment and workforce data to truly understand demand and supply issues. As there is more than one regulating body in allied health, there is a need to outline each disciplines regulatory requirements. In addition to informing the public of the professional standards for each discipline, this will also establish a framework for emerging disciplines.

Q10. Which three issues do you think are most critical for the Strategy to address?

- 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
- Other *[please specify]*

An understanding of the scope, skills and competencies of each profession and their role in driving new strategies and models to meet health need.

Q11. What should the Strategy aim to achieve regarding the First Nations allied health workforce?

APA response

Access to allied health is key to improving the health outcomes of Aboriginal and Torres Strait Islander peoples. However, any care they receive must be safe and tailored to the community's needs. It is also essential that aspects of the Strategy that align to First Nations health are developed with input from Aboriginal and Torres Strait Islander peoples, and there is a willingness to adopt their suggested actions.

The Strategy should aim to both support the growth of the First Nations allied health workforce but also the broader role of allied health in improving the health outcomes of Aboriginal and Torres Strait Islander peoples. In supporting these aims, environments in which Aboriginal and Torres Strait Islander people work and receive care must be safe and tailored to the community's needs. It is also essential that aspects of the Strategy that align to First Nations health are developed with input from Aboriginal and Torres Strait Islander peoples and there is a willingness to adopt their suggested actions.

In terms of growing a First Nations allied health workforce, the Strategy should identify the barriers and enablers for Aboriginal and Torres Strait Islander peoples pursuing careers in allied health. This could include reviewing the effectiveness of current programs as well as exploring ways of maintaining connection to country.

Further, it must include clear actions outlining the roles and responsibilities of all stakeholders in supporting workforce growth. Understanding the experiences of Aboriginal and Torres Strait Islander professionals is crucial, not only for workforce growth, but also for ensuring that valuable skills, knowledge, and wisdom are not lost through attrition.

Given the diversity within allied health, it is necessary to define the scope of each profession and their roles in supporting care for Aboriginal and Torres Strait Islander peoples. This will raise awareness of allied health within the community and ensure care is provided by the most appropriate professional. This underscores the need for a clear definition of allied health within the Strategy.

Q12. Outline 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).

APA response

It is important to acknowledge that culturally diverse populations approach healthcare based on their own unique histories and experiences. Therefore, it is important to consult with these population groups to ensure a targeted strategy, rather than global approach. Education is also essential as this will assist in developing an understanding of the nuanced healthcare needs of different populations. This should occur both in tertiary education courses but also within the established allied health workforce.

Inclusive and respectful communication with patients and colleagues who are LGBTQIA+ is an important part of physiotherapy practice. A focus is required on embedding access in ways of working through education and visibility. The APA is active in ensuring we can affect changes within the profession by highlighting issues that are important and relevant to the LGBTQIA+ community and providing our members with education developed by experts in the LGBTQIA+ health space. It is essential that the Strategy encompasses a focus on how the sector can positively impact the experience of both patients and physiotherapists.

Just as with the First Nations allied health workforce, the Strategy should aim to support both patients seeking allied health care as well as those in the workforce.

3.3 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 (for example, hospitals)
- primary care (for example, community health centres)
- mental health facilities
- disability care
- aged care
- education and child development (for example, in schools)
- child and family safety
- justice (for example, in correctional facilities and juvenile detention centres)
- First Nations health (for example, in Aboriginal Community Controlled Health Services)
- university settings (for example, researchers and educators)
- industry and organisational (for example, providing services to people working in the mining industry or in corporate organisations).

Q13. The sectors appropriately represent the primary locations in which allied health professionals work (from selection).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree
- Not sure

Q14. Please highlight any sectors that are not appropriate, or any that have not been considered.

APA response

Physiotherapy works across all the sectors outlined. However, for the Strategy to accurately depict the extensive range of services offered across various settings, there needs to be a more detailed exploration of each of these areas. Physiotherapists work in a number of settings, including hospitals, private practices, community health centres and universities. They are integral members of multidisciplinary teams in both public and private settings, making an important contribution to health care through health promotion, prevention and screening as well as triage, assessment and treatment activities.

Acute care

Within acute care, it would be beneficial to outline the various areas within the hospital sector that allied health professions work. These include emergency departments (ED), admitted care and non-admitted services. Physiotherapists are an integral part of our hospital system, working as key members of multidisciplinary teams in emergency, outpatient, acute, rehabilitation and home care. They play an

important role in patient recovery, facilitate safe hospital discharge, reduce length of stay and prevent hospital readmission, which in combination contribute greatly to conserving valuable health resources.

Primary care

Private practice physiotherapy is a large component of the physiotherapy workforce and therefore should be acknowledged within the Strategy. A focus on primary care access is key to the Strategy enacting meaningful change. As a profession, the health benefits and effectiveness of physiotherapy interventions and the value we provide to the healthcare sector is proven—physiotherapy-led primary care intervention prevents unnecessary hospitalisation. Physiotherapy also ensures continuity in primary and acute care, alleviates GP workloads and diverts non-life-threatening cases from emergency departments.

Community care

A significant number of allied health professions are employed in community care. While the APA acknowledges that community care spans many of the sectors outlined, we recommend the Strategy further defines this sector. This is particularly relevant given the breadth of our discipline. Physiotherapy is an effective intervention in a wide range of circumstances—from rehabilitating patients with chronic disease and pain to speed recovery after surgery to preventing the need for surgery in more acute situations. Preoperative and postoperative care, whether for orthopaedic, abdominal, thoracic or cardiac surgery, is delivered in the home, in the clinic and in community and hospital rehabilitation centres.

We would also recommend the inclusion of the not-for-profit sector within the Strategy.

Q15. Profession snapshots: Please outline any further information that should be identified about each sector.

APA response

Place-based workforce needs assessment and planning should be utilised to account for the specific drivers in each community. The current geographic spread of the allied health workforce does not reflect the distribution of the population. In addition, the skill profile and education and training need to play an important role in addressing geographic distribution and over and undersupply of professional, and in setting future workforce requirements.

In developing this part of the Strategy, it's important to outline the differences in metropolitan and rural areas. By reducing societal gaps and divisions in Australian, we can also decrease disparities in healthcare. Our unique geography represents its own set of unique challenges. Residents in regional, rural and remote Australia cannot always access the health care they need. The Medicare system, based on GP referrals, only works if everyone has timely access to their general practitioner and allied health services. However, we know that this is not the reality for many individuals.

There needs to be a focus on profiling skills and implementing strategies to attract and retain essential skills.

The Strategy needs to foster the growth and development of our capabilities, as well as attract and retain skills. It must do this at scale and towards a central aim of improving access to allied health. A focus on attracting and retaining critical skills and enabling higher-level skills is vital to addressing quality and supply concerns.

In terms of profiling and valuing skills, the Strategy should consider the various roles available for each discipline. For example, in the hospital sector, physiotherapists are employed as physiotherapists, advanced practice physiotherapists, managers and administrators.

In addition to outlining the available funding models, the Strategy should examine whether these models are effective and identify any barriers that limit practice and access to the most appropriate clinicians.

Supporting physiotherapists to work at the top of their scope can address current inefficiencies in primary care and in the hospital sector.

The Strategy should also examine the obstacles that prevent disciplines from working at the top of their scope of practice within each sector. For example, supporting physiotherapists to work at the top of their scope can address current inefficiencies in primary care and in the hospital sector. Advanced practice ED physiotherapists are already well embedded in the state public healthcare system nationally, providing a sustainable and highly skilled workforce base from which to expand services at this level. Expanding this workforce can help meet unmet patient need at the primary and acute care interface, including in the implementation of Medicare Urgent Care Clinics nationally. A significant proportion of the likely patient load in these clinics will be musculoskeletal conditions such as sprains, strains and spinal pain—conditions best managed by physiotherapists.

Workforce policy solutions need to support a training model that can deliver contemporary care models and clinical excellence.

A stronger national focus on recruitment and retention is needed, with attention to skill supply issues, ensuring adequate supports and focused development for growing areas of need. This would include a targeted Commonwealth-led national funded training pipeline for the physiotherapy profession to increase strategic health workforce planning and impact, particularly in addressing maldistribution, alongside an incentivised skill acquisition pathway for the existing workforce enabling strong skills growth.

There are key needs in training and workforce development, as well as barriers to clinical placements and training that could arise from funding limitations (for instance, Medicare rules on student participation). It's also important to examine how funding models influence the scope of practice and remuneration, especially when compared with other schemes. For example, practices under the National Disability Insurance Scheme may offer better remuneration, a broader scope, and more meaningful work than those in aged care.

3.4 Priorities for action

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

Q16. What priorities and actions do you think should be covered in this section?

APA response

In developing the allied health workforce, it is important to focus on the professions who will have the greatest impact on improving health outcomes.

Definition and prioritisation

A national workforce plan encompassing physiotherapy and allied health is needed to ensure sustainable supply and distribution. More insights into structure and composition of the allied health workforce is needed.

In addressing unmet need, more focus on investment for all health disciplines experiencing shortages alongside funded solutions to achieve an optimal balance of skill mix in addressing patient need. A priority must be placed on the professionally qualified clinical and regulated staff groups, including physiotherapy, the second largest allied health group of registered primary health care profession beyond psychology—where we are now facing a supply crisis, and in need of urgent nationally directed interventions.

National planning

A number of national structures exist to guide planning including five intergovernmental bodies established to enable national collaboration of health workforce policy. These are important policy structures and all have a role to play in workforce planning. We also acknowledge the role of state and territory government in directing and planning its own health workforce, and a level of autonomy in planning must be maintained.

However, in lieu of a national planning body we are seeing new disciplines emerge at the state and territory level. This is occurring without the required consideration of the organisation of the allied health workforce in Australia, and to skill mix and scope, clinical and non-clinical, and consistency of standards. This has led to the unplanned development of specific sectors of the workforce.

More focus is required on national policy setting that can direct regulatory controls to ensure role clarity and the required skill mix to improve care and services, and to ensure safely delegated care with appropriate levels of supervision. There is a need to harness the skills of the entire health workforce and reforms to date have been limited by a singular focus on medical workforce investment. An independent agency is required to manage the workforce crisis similar to the now defunct Health Workforce Australia.

Scope of practice

The Strategy must encompass a discussion on enabling disciplines to work to their full scope is to recognise and provide support for the different roles played by healthcare professions across the patient pathway. Ensuring practitioners can better work to the full extent of their skills and training needs a very specific discussion around capabilities and roles. Delivering safe healthcare requires specific clinical competencies and physiotherapy is key to workforce scope of practice solutions. More coherence in policy settings to address the key barriers to accessing proven and cost-effective interventions will help to address the more complex challenges.

Data insights

More focus on needs assessment and workforce data is needed to truly understand demand and supply issues. There is a need to establish a national minimum allied health data set to underpin strategies to build a stronger allied health workforce and inform service requirements. The strengthening of data and systems

to undertake needs analysis of the full health workforce is required to inform and formalise national workforce planning.

Addressing maldistribution

Addressing maldistribution of the allied health workforce should be a priority of this Strategy. Chronic staff shortages and high turnover within the rural allied health workforce require targeted and discipline-specific support. Funding for rural health reform beyond medicine must be prioritised to address entrenched health disparities. The Workforce Incentive Program is poorly targeted, failing to support the distribution of the physiotherapy workforce—this needs a reform focus beyond just general practice.

Building training pathways

The APA would recommend a focus on building sustainable training pathways from early career to advanced practice, in disciplines where this is available. More attention is needed to ensure that the training pathway encompasses a vertically integrated undergraduate curriculum to improve graduate readiness for practice. Beyond this there is a need to establish clear career pathway opportunities within each discipline.

3.5 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.

Q17. How do you think the impact of the Strategy could be assessed?

The development of an allied health workforce that meets the needs of Australians and improves health outcomes will be the ultimate measure of success. The Strategy should have clear objectives, success metrics and detail who is accountable for implementation.

3.6 Feedback

Q18. Please provide any additional comments you have on the draft outline of the Strategy.

The APA welcomes the development of the National Allied Health Workforce Strategy, a plan aimed at establishing a national strategic approach to the allied health workforce policy. The plan needs to address current and future challenges and opportunities for our workforce, and will be important to direct the required planning to support disciplines to work to their full scope of practice. The APA welcomes future engagement in the development of the Strategy and has outlined opportunities and suggestions within this submission.