

Pre-Budget Submission

From Allied Health Professions Australia Ltd

***HIGHER EDUCATION FUNDING
–HEALTH PROFESSIONALS
SHOULD BE ‘CLUSTERED’ WITH
MEDICAL PRACTITIONERS***

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The Peak Body Representing Allied Health in Australia

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Comprising: Allied Health Alliance WA, Audiological Society of Australia, Australasian Podiatry Council, Australian Association of Social Workers, Australian Institute of Radiography, Australian Orthotic and Prosthetic Association, Australian Physiotherapy Association, Australian Psychological Society, Australian Sonographers Association, Dietitians Association of Australia, OT Australia, Society of Hospital Pharmacists of Australia, Speech Pathology Australia, The Orthoptic Association of Australia and incorporating AHPARR (AHPA Rural & Remote)

Higher Education Funding – Health Professionals should be 'Clustered' with Medical Practitioners

In summary:

Allied Health Professions Australia (AHPA) urges the Australian Government to move allied health-related undergraduate courses from clusters 5 and 6 to cluster 9 on the Commonwealth Course Contribution Schedule, so that students of the allied health professions are funded at the same level as students of dentistry and medicine.

Funding for the clinical education of allied health professionals should be specifically recognised in measures developed to implement the National Health Workforce Strategic Framework, which the Council of Australian Governments (CoAG) has endorsed.

The Case for Change

The Australian Government has made it clear through many of its programs that allied health professionals play an essential role in Australia's health services, and has underlined that commitment by extending Medicare to cover specified allied health services.

The National Health Workforce Strategic Framework acknowledges national skill shortages in several allied health professions, and notes the key role of education and training in overcoming these shortages.

Australia currently has some 90,000 allied health professionals; together with doctors and nurses, they provide the essential skills on which Australia's health system is based. Best practice management of certain conditions is unachievable without the specific contribution of university-trained, autonomous allied health professionals.

Allied Health Professions Australia (AHPA) believes that without additional higher education funding, the current funding crisis - particularly as it relates to clinical education - could lead to a collapse in the supply of allied health professionals.

Most allied health professions are currently placed under 'health' in cluster 6 of the Commonwealth Course Contribution Schedule, with Psychology and Social Work located in cluster 5. This means that universities educating allied health undergraduates receive a Commonwealth contribution only half of that for medicine, which is in cluster 9 along with dentistry and veterinary science. Nursing, classified as a National Priority, attracts a government contribution about a third higher than that for the allied health professions.

Existing funding arrangements acknowledge only medicine and dentistry as clinical disciplines. Yet all health professionals require clinical education and many allied health students are required to complete up to 1,000 hours of clinical education as part of their entry-level training.

It is important to recognise that ‘clinical education’ is not something separate from ‘education’, but is an integral part of it. So funding for education intrinsically needs to cover costs associated with clinical education.

The New Commonwealth Grants Scheme replaced the traditional block funding for universities, with institutions receiving FTSU-funding per student to an agreed (and previously negotiated) number. Each university then sets its own student contribution levels within the ranges set by the Australian Government. The result is that, for each agreed place in a particular course, the government makes a contribution and the university can charge an additional fee of the student, up to an agreed maximum.

Health is currently placed in cluster 6, along with computing and the built environment: this means that health courses get a government contribution of about \$7, 292 per FTSU student. Social work and psychology, in cluster 5, are funded at \$6,636 per FTSU student.

In contrast, medicine – in cluster 9 along with dentistry and veterinary science – receives more than twice as much, at \$15,422 per student. Nursing, classified as a National Priority, attracts a government contribution of \$9,733 – about a third more than allied health courses.

Table A: Commonwealth Course Contribution Schedule 2005 [\(a\)](#)

Cluster	Discipline	Estimated Commonwealth Course Contribution (b)
1	Law	\$1,509
2	Accounting, Administration, Economics, Commerce	\$2,481
3	Humanities	\$4,180
4	Mathematics, Statistics	\$4,937
5	Behavioural Science, Social Studies	\$6,636
6	Computing, Built Environment, Health	\$7,392
7	Foreign Languages, Visual and Performing Arts	\$9,091
8	Engineering, Science, Surveying	\$12,303
9	Dentistry, Medicine, Veterinary Science	\$15,422
10	Agriculture	\$16,394
National Priority	Education	\$7,278
National Priority	Nursing	\$9,733

(a) Figures are for Equivalent Full-time Students undertaking units in indicated discipline. The Commonwealth course contributions are for institutions that receive the 2.5 per cent increase in Commonwealth contributions through compliance with the National Governance Protocols and workplace relations policies.

(b) The Commonwealth contribution towards course costs represents the base amount provided to institutions for students in a particular discipline. The total Commonwealth funding that supports individual students is much greater than this and includes other funding provided for operating and research purposes.

Allied Health Professions Australia believes that the clinical component of mainstream allied health professional courses is comparable to that of medicine, and that therefore the Australian Government contribution per student should be equivalent to that of medicine.

The actual cost of educating an allied health professional is in fact much greater than the Australian Government contribution. Confidential estimates provided by universities put the true cost of educating each student at between \$15,000 and \$25,000 per annum.

One example of the impact of educational costs is that podiatry courses are closing at a time when the demand for podiatric services is high. In June 2003, Curtin University announced they would close the only podiatry program in the State due to cost constraints. In late 2004, the University of Western Sydney announced they would defer intake due to cost constraints; as a result, there is now no future option for students to study podiatry in the Sydney metropolitan area. In both cases, the reason for closure was cited as cost of course delivery.

In speech pathology, a new program in its second year of delivery operates on a loss budget for its total course. Income received from student and government contributions meet less than half of the total expenses (44%) required for teaching and clinical education units.

Clinical Education

All health professions regard hands-on clinical experience as an integral part of entry-level education. Only in actual clinical settings can students gain real time experience in clinical decision-making. Clinical practice requires rapid, efficient, high level clinical, moral and ethical decision-making almost impossible to simulate in classroom settings.

Although clinical education is fundamental to all health professions, it is only specifically funded for doctors and nurses. Other mainstream professions – such as physiotherapy, occupational therapy, pharmacy, psychology, podiatry, social work, speech pathology and others – have a mandatory requirement for undergraduate clinical education, but no funding for it.

In contrast, the Australian Government provides multi-million dollar funding for the training of doctors, both through universities and through GPET – General Practice Education and Training.

Across Australia, the difficulty of finding clinical placements for entry-level allied health students is already putting huge pressure on universities, hospitals, academic staff and students. It is creating friction where there should be co-operation; and it is leading to course closures and workforce attrition at a time when chronic workforce shortages are apparent in many health professions.

As an example, the Australian Physiotherapy Association (APA) states that 200 physiotherapy students at Australian universities cannot graduate this year because they cannot get the clinical education they need. The APA advises that a petition signed by nearly 1400 physiotherapy students – nearly half of the total number of physiotherapy students - urges the Australian Government to fund physiotherapy courses at the same level as medicine, so that clinical education can be properly funded.

For many allied health professions, public hospitals provide the bulk of undergraduate clinical education. Student supervision, which was once an accepted part of hospital clinical work, is increasingly being squeezed out of tight hospital budgets, causing major difficulties for universities. As a result, some allied health professional courses have closed and others are under great stress.

At present, allied health clinical education largely relies on the goodwill of senior practitioners and their employers, although some universities are paying considerable amounts to arrange clinical education. For instance, one Speech Pathology program has calculated that they receive approximately \$600,000 of in-kind clinical education support from external practitioners. Another Speech Pathology course has paid over \$100,000 in a single year towards paid placements – considered an unsustainable amount over the longer term.

Clinical supervision of students needs to be recognised as a legitimate, significant and properly funded activity, based on the recognition that support for Australia's future health workforce is critically important. Universities need to be funded at a level that allows them to meet the clinical education costs of their students. Funding must be at the level needed to produce a competent practitioner, and clinicians who undertake this work need to be properly trained, adequately funded and given full management support.

Additional support is also needed for students on clinical placements. Grants or other funding mechanisms are needed to offset the costs incurred in living away from home during clinical placements, including disruption to the part time employment many students need in order to meet their education expenses.

Funding for the clinical education of allied health professionals should be specifically recognised in measures developed to implement the National Health Workforce Strategic Framework, which the Council of Australian Governments (CoAG) has endorsed.

In conclusion,

Allied Health Professions Australia urges the Australian Government to address the critical issue of allied health higher education funding in the 2007 Federal Budget, by increasing the government contribution for undergraduate allied health students to a level equal to that of students in medical courses.

About the AHPA

Allied Health Professions Australia (formerly the Health Professions Council of Australia) is the national peak body for major health professions other than medical practitioners and nurses. It works to represent the interests of the non-medical health professions sector, particularly to the Australian Government; and to provide a vehicle for liaison and discussion between the professions themselves.

Members of AHPA are national organisations representing specific professions, with membership across Australia in both urban and rural areas. Collectively, they represent more than 50,000 allied health professionals. Each organisation has internal systems and networks for liaising with their members right across Australia, who together provide a vast wealth of skills, experience and informed opinion.

Current membership of AHPA represents the following professions: audiologists, dietitians, occupational therapists, orthoptists, orthotists and prosthetists, pharmacists, physiotherapists, podiatrists, psychologists, radiographers, radiation therapists, social workers, sonographers and speech pathologists.

Further information:

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