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The Peak Body Representing Allied Health in Australia

ALLIED HEALTH IN AUSTRALIA

- **Priorities for health care reform**
- **Key professions and organisations**

for The Hon Nicola Roxon MP
Minister for Health and Ageing

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Further information:

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Comprising:

Audiological Society of Australia, Australasian Podiatry Council, Australian Association for Exercise and Sports Science, Australian Association of Social Workers, Australian Institute of Radiography, Australian Orthotic and Prosthetic Association, Australian Psychological Society, Australian Sonographers Association, Dietitians Association of Australia, OT AUSTRALIA, Services for Australian Rural and Remote Allied Health Inc, Society of Hospital Pharmacists of Australia, Speech Pathology Australia, The Orthoptic Association of Australia and incorporating AHPARR (AHPA Rural & Remote).

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Allied Health Professions Australia (AHPA) endorses Labor's commitment to 'universal provision of quality health care for all Australians'. AHPA strongly supports measures which promote health and wellbeing for all Australians, including prevention and treatment of chronic diseases.

AHPA believes this can only be achieved via multi-disciplinary teams which include allied health professionals as a vital component.

The success of any preventative and primary health care initiatives must be articulated in policies that recognise the full contribution of all health professionals to ensure that Australians can be healthier for longer and to facilitate recovery from illness.

Introduction

AHPA welcomes the opportunity to put before the Minister the views of the allied health professions on key challenges facing Australia's health system.

Over recent years, governments have increasingly recognised the essential role of allied health in Australia's primary care and acute health services. Allied health professionals play a critical role in the nation's hospitals, in primary care, in preventative health care and in community and aged care services. Working collaboratively with doctors and nurses, allied health clinicians diagnose and treat a range of conditions in multi-disciplinary teams and offer their unique contribution. In recognition this, particularly in relation to chronic disease management, many allied health services are now subsidised under the Medicare Benefits Schedule (MBS).

Australia's 90,000 allied health professionals play a crucial role in strengthening health policies and programs, and addressing the critical workforce demands. Greater access to allied health services by all Australians would strengthen preventative as well as remedial health care, and so assist in limiting health costs in the longer term.

The allied health sector is facing major workforce stresses, as elsewhere in the health industry. Australia does not have enough allied health professionals, and pressures within the universities are limiting the number of new graduates. Throughout allied health there are staff shortages, difficulties in recruitment and retention, and workload; and these tensions are often exacerbated by low levels of recognition of the skills and expertise of Australia's allied health professionals.

AHPA has been pleased to note the Government's increasing recognition of the importance of allied health, and we support access to subsidised allied health services under the MBS. However Australia still has a long way to go in the development of multi-disciplinary care, and further amendments are needed to improve client access to allied health services under the MBS.

In this document, AHPA sets out its priorities for health care reform focussing on primary care and Super Clinics; preventative health care; the hospital system; changes needed to Medicare, particularly in relation to chronic disease management, workforce and other structural issues. It also provides background on AHPA, the peak body for national allied health professional associations, and offers a snapshot of the allied health disciplines it represents.

AHPA looks forward to a close working relationship with the Rudd Labor Government on significant health reform initiatives across Australia.

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A snapshot of key allied health professions

Audiology
Dietetics and nutrition
Exercise physiology
Medical radiation science
Occupational therapy
Orthoptics
Orthotics and Prosthetics
Pharmacy
Podiatry
Psychology
Social work
Sonography
Speech pathology
SARRAH

SUMMARY OF RECOMMENDATIONS

Primary care and Super Clinics

- The multi-disciplinary basis of the proposed new Super Clinics needs to be a foundational principle which is reflected in all operational aspects, including governance arrangements, funding, clinical education and supervision, and communications with the public.
 - Integrated multi-disciplinary decision-making needs to be built into the operational protocols for all Super Clinics. Applicants for funding for such facilities should demonstrate at the outset how they intend to implement such protocols.
 - It should be a requirement for Government funding of Super Clinics that allied health professionals are adequately represented on the Board of Management and other governance structures.
- Clinical governance arrangements need to fully reflect the range of health professions involved in the clinic, and be reflective of their unique contribution to client care in a team-based environment. These arrangements should be reviewed annually.
- The name of the clinics should be changed to reflect the multi-disciplinary nature of this new model of primary care service delivery, from the proposed 'GP Super Clinics' to 'Health Super Clinics'.
- Capital funding provisions should be expanded to cover the purchase of essential equipment needed by all health professionals involved in the proposed clinic.
- Recurrent funding should be considered for support staff needed to assist with community health promotion and healthy lifestyle programs, and not just for practice nurses.
- The Government should offer the same level of relocation incentives to both GPs and allied health professionals identified as needed within specific localities.
- Super Clinics should be accessible by the general public, including out of usual business hours, as deemed necessary by the local community.
- The Government should make clinical education, supervision and training for entry-level students and new graduates in the major health disciplines a clear requirement in all proposals for Super Clinic funding.
- A Review body with stakeholder representatives should be established to monitor progress on implementing the Super Clinics program, and provide feedback on its effectiveness.
- Education and awareness programs for GPs about the skills and expertise of allied health professionals are urgently needed, to strengthen multi-disciplinary primary care.
- The Government should require Divisions of General Practice to become Divisions of Primary Care to reflect the multi-disciplinary nature of primary health care.

Preventative Health Care

- Ensure allied health input into all preventative health care policies to maximise benefits to clients.

- Greater government investment in community-based allied health preventative programs for older Australians would help keep people out of hospitals and residential aged care facilities, and thereby reduce the cost of treatment.

The Hospital system

- To reduce rates of hospitalisation and the pressure on hospitals, Australia needs a greater emphasis on primary care and preventative health strategies where allied health professionals play a significant role.
- The practice of using allied health professionals in hospital emergency departments to reduce non-essential admissions saves time and money, and should be extended.
- Within hospitals, more allied health services are needed to provide quality care and to work alongside doctors and nurses.

Medicare

- Enhanced Primary Care items.
Changes are needed to:
 - Improve the treatment for clients with chronic illness
 - Make GP referrals to allied health professionals easier
 - Increase allied health consultations where needed
 - Increase the range of allied health services covered
 - Allow direct access to allied health professionals where appropriate.
- The Government should introduce an independent evidence-based system for new Medicare items, as well as a systematic way to review and update existing MBS items.

Workforce and other structural issues

- Current and future allied health workforce shortages, in both urban and rural areas, must be addressed based on comprehensive and regular workforce studies.
- Measures to tackle allied health workforce shortages should include better pay and conditions, family friendly employment policies and 'attract back to practice' programs to encourage skilled practitioners back into the clinical workforce.
- Indigenous health services need to be strengthened by increasing the number of allied health professionals in order to tackle chronic conditions such as diabetes and obesity.
- Higher education funding should be adjusted to ensure that allied health entry-level courses are funded at an appropriate level.
- Designated funding should be available for allied health students undertaking clinical placements.
- The Government needs a stronger focus on gaining advice on allied health services from within the Department of Health and Ageing.
- The fragmentation and funding complexity of Australia's health system should be urgently addressed. An integrated national approach is needed, focussed on client service delivery.

1 PRIMARY CARE AND SUPER CLINICS

1.1 Super Clinics can strengthen multi-disciplinary care

Allied Health Professions Australia strongly supports the general thrust of the Super Clinics proposals, but believes that the concept of multi-disciplinary care needs to be strengthened at every level. Governance arrangements, funding, clinical supervision and communications with the public need to reflect the fact that these new centres are more than GP clinics: that they provide a range of multi-disciplinary services built around a team approach based on the needs of clients.

AHPA has recently submitted its comments on the Super Clinic Program Overview draft discussion paper to the Department of Health and Ageing.

Some of AHPA's key recommendations to the Department are:

- *The multi-disciplinary basis of the proposed new Super Clinics needs to be a foundational principle which is reflected in all operational aspects, including governance arrangements, funding, clinical education and supervision, and communications with the public.*
 - *Integrated multi-disciplinary decision-making needs to be built into the operational protocols for all Super Clinics. Applicants for funding for such facilities should demonstrate at the outset how they intend to implement such protocols.*
 - *It should be a requirement for Government funding of Super Clinics that allied health professionals are adequately represented on the Board of Management and other governance structures.*
- *Clinical governance arrangements need to fully reflect the range of health professions involved in the clinic, and be reflective of their unique contribution to client care in a team-based environment. These arrangements should be reviewed annually.*
- *The name of the clinics should be changed to reflect the multi-disciplinary nature of this new model of primary care service delivery, from the proposed 'GP Super Clinics' to 'Health Super Clinics'.*
- *Capital funding provisions should be expanded to cover the purchase of essential equipment needed by all health professionals involved in the proposed clinic.*
- *Recurrent funding should be considered for support staff needed to assist with community health promotion and healthy lifestyle programs, and not just for practice nurses.*
- *The Government should offer the same level of relocation incentives to both GPs and allied health professionals identified as needed within specific localities.*
- *Super Clinics should be accessible by the general public, including out of usual business hours, as deemed necessary by the local community.*
- *The Government should make clinical education and supervision and training for entry-level students and new graduates in the major health disciplines a clear requirement in all proposals for Super Clinic funding.*

- *A Review body with stakeholder representatives should be established to monitor progress on implementing the Super Clinics program, and provide feedback on its effectiveness.*

1.2 Building GP awareness of allied health expertise

The Medicare EPC items have made it possible for general practitioners to refer clients with chronic and complex conditions to allied health professionals for a limited number of rebateable services. AHPA has outlined some of the changes that are needed to this program in the 'Medicare' section below. General practitioners do not always have an in-depth understanding of the skills and expertise of specific allied health professions, and so do not always make optimum referrals.

Allied Health Professions Australia believes that education and awareness programs for GPs about allied health are urgently needed.

AHPA has submitted a funding proposal to the Department to develop such programs, in consultation with the relevant medical education bodies. It also suggests that allied health education and awareness modules should be built into all existing and future medical education programs, in order to promote collaborative care which is clearly beneficial for clients.

In addition, AHPA urges the Government to require Divisions of General Practice to become Divisions of Primary Care. AHPA has argued for some years that such a move would encourage a collaborative approach to primary care between doctors and allied health professionals, and strengthen multi-disciplinary perspectives at the local level. The Government should insist on this change in the interests of better primary care health services.

AHPA recommended action:

- *Education and awareness programs for GPs about the skills and expertise of allied health professionals are urgently needed, to strengthen multi-disciplinary primary care.*
- *The Government should require Divisions of General Practice to become Divisions of Primary Care to reflect the evolving nature of primary health care.*

2. PREVENTATIVE HEALTH CARE

2.1 Greater access to allied health services will reduce hospitalisations and readmissions to hospital

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 allied health professionals.

In order to reduce current hospitalisation rates in Australia, AHPA recommends a greater emphasis on and investment in preventative health strategies, an area in which allied health plays a significant role. As recognised by the Rudd Labor Government, Australia has a strong political focus on hospitals and on high level clinical activities. A better balance between preventative and remedial services would ultimately lead to reduced hospital admissions and to savings in Government expenditure.

Allied health professionals play a major role in preventing and managing at least two of the key factors pushing up hospital admissions: the increasing proportion of the population which is overweight or obese, and the impact of chronic disease. The lifestyle factors – such as smoking, poor nutrition and lack of exercise – which lead to health problems particularly in older people, can be best tackled by improving access to allied health professionals.

AHPA recommended action:

Ensure allied health input into all preventative health care policies to maximise benefits to clients.

2.2 Keeping older Australians healthier for longer

Allied health professionals can be particularly helpful for older people dealing with chronic diseases such as arthritis, diabetes, osteoporosis, cardio-vascular diseases and mental health issues. In too many cases, it is the lack of appropriate allied health care for treatable conditions which leads to people being admitted to hospitals and residential aged care before they really need to be.

Below we outline changes to Medicare which are needed to make allied health services more accessible to older Australians with chronic health problems.

In addition, older people need affordable access to allied health primary and preventative care, in order to maintain wellness and delay the onset of chronic diseases. There is good evidence that community-based programs, such as strength training, gentle exercise, healthy nutrition and social support groups can help significantly in keeping older people fit, healthy, happy and out of hospital.

AHPA recommended action:

- *Greater Government investment in community-based allied health preventative programs for older Australians to help keep people out of hospitals and residential aged care facilities, and thereby reduce the cost of treatment.*

3 THE HOSPITAL SYSTEM

Allied Health Professions Australia notes the Government's plan to 'put the highest priority on promoting wellness and preventative disease' and believes that pressure on hospitals can be reduced by strengthening primary and preventative care in the community.

3.1 Greater access to community-based allied health services will reduce the pressure on acute-care hospitals

Health policy in Australia is overly focussed on hospital-based care. Clearly the community needs good hospitals. But it also needs better primary care services and a stronger emphasis on preventative health care.

Adequate and timely access to allied health care can prevent many conditions from deteriorating to the point where acute hospital care becomes necessary. There is also evidence to show that for some conditions, allied health treatments produce comparable or better results than medical or surgical methods, and often at a lower cost.

Unfortunately many communities, particularly in rural and remote areas, do not have enough allied health professionals to provide needed services. Workforce shortages (discussed in more detail below) need to be urgently addressed, together with improvements to Medicare in relation to allied health.

AHPA supports adequately funded multi-disciplinary centres involving allied health professionals, as a key way to reduce pressure on hospital emergency departments.

An additional approach is underway in some metropolitan hospitals, to reduce non-essential admissions. In these emergency departments, allied health professionals work with nurses and medical practitioners to identify and arrange treatment for clients not in need of emergency care. Such services save time and money, and should be extended. Allied health professionals can be particularly helpful for 'social' admissions where community support, such as diabetes education, can be a more appropriate option than hospital admission.

Within hospitals, allied health services are also needed to support safe care and to alleviate the pressure on doctors and nurses. For example, pharmacists in elective surgery pre-admission clinics compile accurate medication histories and manage medication issues. This approach 'frees up' medical practitioners to concentrate on clients requiring urgent medical or surgical care.

AHPA recommended action:

- *To reduce rates of hospitalisation and the pressure on hospitals, Australia needs a greater emphasis on primary care and preventative health strategies where allied health professionals play a significant role.*
- *The practice of using allied health professionals in hospital emergency departments to reduce non-essential admissions saves time and money, and should be extended.*
- *Within hospitals, more allied health services are needed to provide quality care and to work alongside doctors and nurses.*

4 MEDICARE

AHPA supports the Government's policy to 'strengthen Medicare to meet future challenges'. AHPA outlined its proposals in its briefing paper, 'Medicare – Improvements needed to tackle chronic disease', issued in September 2007.

In summary, AHPA believes changes to the Medicare Benefits Schedule are needed to:

- *Improve the treatment for clients with chronic illness*
- *Make GP referrals to allied health professionals easier*
- *Increase allied health consultations where appropriate*
- *Increase the range of allied health services covered*
- *Introduce an evidence-based system for new Medicare items*
- *Allow direct access to allied health professionals where appropriate.*

4.1 The current situation

Medicare currently provides rebates for allied health professional services under very restrictive conditions for people with chronic conditions and complex care needs. AHPA believes that the next step in improving Medicare and tackling chronic disease – which can include diabetes, cardiac and respiratory problems, and a wide range of age and obesity-related conditions – is to make it easier for these clients to access the allied health services in primary care settings, thereby alleviating pressures on our hospitals.

Currently a Medicare rebate is available for a maximum of five allied health consultations a year, for clients who are being managed by their GP under an Enhanced Primary Care (EPC) Chronic Disease Management plan, or a GP Management Plan and a Team Care Arrangement.

For people with chronic conditions and complex care needs, health and quality of life would be improved by greater Medicare-funded access to appropriate allied health services. AHPA also considers that an independent review system is needed to assess and recommend evidence-based treatments which should be covered by Medicare.

Clients currently do not need a referral to see an allied health professional. Clients without a GP referral need to be able to claim MBS rebates for allied health services.

4.2 Make GP referrals to allied health professionals easier under the EPC Program

AHPA believes that GPs should be free to approve allied health professional services for people with chronic conditions and complex care needs, on the basis of a GP Management Plan, without the requirement for Team Care Arrangements. Some clients do not need access to several different types of allied health services, but would benefit from access to one particular discipline, such as dietetics, podiatry or psychology.

The change needed is for GPs to be able to make an EPC Program referral for allied health services under Medicare by just using Medicare Item 721 (GP Management Plan), without also having to use Medicare Item 723 (Team Care Arrangement) or using items 720, 722, 730 or 731 (EPC Chronic Disease Management plan). Such a change would also have cost savings for the Government.

AHPA also believes that allied health professionals as well as GPs should be able to claim under Medicare for case management and case conferences to improve collaboration and reporting arrangements.

4.3 Increase allied health consultations where needed

Allied Health Professions Australia believes that the current limit of five Medicare-funded allied health visits a year should be replaced by a 6 + 6 + 6 formula, as in the COAG Mental Health *Better access to psychiatrists, psychologists and general practitioners through the Medicare Benefits Schedule* initiative.

Under the *Better access* initiative, the GP or practitioner managing the client can authorise up to six allied health services, followed (after a review) by a further six; and in exceptional circumstances can authorise an additional six, giving a total of up to 18 services per year.

AHPA contends that people with chronic and complex conditions may have as much need for allied health support as people with mental illness, and that therefore the 6 + 6 + 6 formula should be adopted for EPC chronic disease management under Medicare.

4.4 Increase the range of allied health services covered

• Flexibility in service structure

Medicare currently has a 'one size fits all' approach to allied health services provided under the EPC Program. Regardless of what service is provided and by whom, there is one single scheduled fee – currently \$55.05 (for which the benefit payable is \$46.80).

AHPA contends that the current single price-structure for allied health services should be replaced by a 3-tier structure providing different levels of payment for different types of service. These would be:

- Initial consultation - 30 to 45 minutes (diagnostic assessment, preliminary treatment)
- Standard service – up to 30 minutes (this equates with the current scheduled fee)
- Extended service – 45 minutes and over.

There should also be a loading for out-of-room consultations, which includes reimbursement for travel, similar to the Department of Veterans' Affairs fee schedule.

These changes to the Medicare Allied Health items (10950 -10970) would provide much needed services and flexibility in treatment options for clients, and more equitable returns to allied health professionals.

• Eligible allied health service providers

AHPA believes that the list of allied health professionals eligible to provide services under the Medicare Allied Health and Dental Care initiative should be expanded to include Prosthetists and Orthotists who are full members of the Australian Orthotic and Prosthetic Association. Orthotists and Prosthetists are university trained in the prescription, fitting and manufacture of orthoses and prostheses for all physical requirements, including those relating to the management of chronic disease.

Pharmacists registered with the State or Territory Pharmacy Boards should also be included. Hospital pharmacists already spend the majority of their time on direct client care with other health professionals. They contribute to chronic disease management by working with clients on active medication management, education and control of risk factors in collaboration with GPs. They actively liaise with community pharmacies, hospitals and other local service providers.

AHPA believes that the savings from a simpler referral arrangement as outlined above will assist in off-setting costs associated with these suggested additional services.

4.5 Introduce an evidence-based system for new Medicare items

Allied Health Professions Australia notes the Government's commitment to effective and cost-efficient services directly funded by Medicare. AHPA supports the view of the Productivity Commission that the Government should set up an Advisory Committee, similar to the Pharmaceutical Benefits Advisory Committee, to assess current items, recommend possible new Medicare items, and review who is eligible to deliver items, based on the clinical evidence for their effectiveness; and to review those items for which there is no evidence of effectiveness. This would enable a clear, independent process for reviews.

AHPA recommended action:

- *The Government should introduce an independent evidence-based system for new Medicare items, as well as a systematic way to review and update existing MBS items.*

5 WORKFORCE AND OTHER STRUCTURAL ISSUES

5.1 Workforce shortages need urgent action

Allied health professionals are highly skilled, tertiary-trained professionals. An increasing number have post-graduate specialist qualifications and play a crucial role in health policy, research and management. Their skills, however, remain generally under-utilised and under-valued, with public policy primarily focussed on medical solutions to health problems.

There are also significant national shortages in key allied health disciplines, affecting health services in the public, private and community sectors, in cities as well as in rural areas. In addition, it is clear that for many allied health professions, high attrition rates are related to poor career paths and inadequate pay. In order to achieve better remuneration and career prospects, many experienced allied health professionals are choosing to move out of clinical areas into such fields as management and education, adding to the shortage of clinical practitioners.

AHPA acknowledges the Rudd Labor Government's desire to 'solve the current health and medical workforce crisis and develop the workforce we need for the future of health care'.

To address the workforce problems, current and future allied health workforce shortages must be addressed through a comprehensive and regular workforce study. Such a study should also help resolve issues relating to skills recognition, clinical education, career prospects, data collection, recruitment and retention.

It is crucial that pay and conditions are improved to encourage skilled staff to remain in clinical practice. Given the high proportion of females and part-time workers in some allied health professions, it is also important to provide family friendly employment conditions.

As a useful short-term measure to increase the supply of allied health professionals, AHPA believes there is a need for 'attract back to practice' schemes, based on schemes which have proved successful overseas.

There is considerable evidence to show that people living outside Australia's main urban areas tend to have poorer health. A key way to address this problem is to improve access to allied health services by identifying and addressing workforce shortages in rural and remote areas. Programs such as the More Allied Health Services (MAHS) will not succeed without an adequate supply of allied health professionals in targeted areas.

Greater input from allied health professionals and clients into service delivery decisions would also improve the MAHS program. At present, such decisions are primarily made by general practitioners.

Like the Government, AHPA is particularly concerned about the plight of indigenous communities. Rural and remote areas have less allied health professionals per head of population than do urban areas, and indigenous communities in remote areas often have very little or no access to allied health services. Indigenous health services need to be strengthened by increasing the number of allied health professionals, in order to tackle chronic conditions such as diabetes and obesity.

AHPA recommended action:

- *Current and future allied health workforce shortages, in both urban and rural areas, must be addressed based on comprehensive and regular workforce studies.*
- *Measures to tackle allied health workforce shortages should include better pay and conditions, family friendly employment policies and 'attract back to practice' programs to encourage skilled practitioners back into the clinical workforce.*
- *Indigenous health services need to be strengthened by increasing the number of allied health professionals, in order to tackle chronic conditions such as diabetes and obesity.*

5.2 Additional Higher Education funding would help address skill shortages

Changes are needed to higher education funding, so that more allied health professionals can be trained.

AHPA believes that without additional higher education funding, the current funding crisis – notably relating to clinical education - could lead to a collapse in the supply of allied health professionals. It set out its position in its 2006 pre-budget submission¹. Since then, there have been changes to the Commonwealth Course Contribution Schedule, which have somewhat improved the position of allied health courses.

There remains, however, a funding deficit in the financial viability of these courses. Allied health courses, with their high clinical education component, still receive only 55 per cent of the funding provided for medicine, dentistry and veterinary science, and receive 10 per cent less than nursing.

Clinical education of students is a legitimate and significant component of allied health training and must be properly funded at the level needed to produce competent practitioners. Currently clinical education of allied health students does not receive designated funding and largely relies on the goodwill of senior practitioners and their employers.

Students undertaking clinical education in rural and remote settings are especially disadvantaged by this lack of funding, as they need to self-fund travel, accommodation and other associated costs. They also often forego income from their city-based part-time jobs.

Significant funding is available for clinical education for medical students and AHPA believes that funding for clinical education should be the same for all health professions.

AHPA recommended action:

- *Higher education funding should be adjusted to ensure that allied health entry-level courses are funded at an appropriate level.*
- *Designated funding should be available for allied health students undertaking clinical placements.*

¹ AHPA Oct 2006: Higher Education Funding – Health professionals should be 'clustered' with medical practitioners. Available on AHPA website: http://www.ahpa.com.au/pdfs/AHPA_Pre-budget_Submission_Oct_06.pdf

AHPA also notes that funding more regional university allied health courses will improve the allied health workforce in rural and remote areas as those who study in a regional environment are more likely to work in that context after graduation. In addition such facilities will offer additional opportunities to non-metropolitan students.

5.3 Advice to Government needs stronger allied health focus

Allied Health Professions Australia has long argued that the Government needs a stronger focus on gaining expert advice on allied health services from within the Department of Health and Ageing. Health policy has been medically-focussed at the expense of a broader multi-disciplinary approach. The result has been an emphasis on medical/hospital-based services, rather than the broader primary care and preventative strategies.

In recent times, the previous Government had become more receptive to this viewpoint, and began useful discussions with Allied Health Professions Australia on ways of providing a stronger allied health focus within Government. AHPA hopes that the Rudd Labor Government will take this process much further, so that the views of the allied health professions are fully considered during the development of all health policies and programs.

AHPA recommended action:

- *The Government needs a stronger focus on gaining advice on allied health services from within the Department of Health and Ageing.*

5.4 Australia needs more streamlined health funding

The fragmentation and complexity of Australia's health system needs to be urgently addressed. Because funds come from all three levels of government – national, state and local – health services are constantly affected by cost- and blame-shifting from one level of government to another. This impedes progress and wastes resources.

AHPA supports an end to the 'blame game' and a reduction in many funding 'silos' within our health system. Service delivery should support the client's journey along all parts of the health system. The needs of the clients should be central to service development that supports seamless care.

To improve Australia's health system integrated national approaches should be developed that work for public and private hospitals and directly link with community services.

AHPA sees opportunities to develop policies to reduce duplication, improve efficiency, free up resources and improve and integrate services. For effective change, the focus needs to be on the whole health system regardless of current funding 'silos'.

AHPA recommended action:

- *The fragmentation and funding complexity of Australia's health system should be urgently addressed. An integrated national approach is needed, focussed on client service delivery.*

AHPA sees this as a working document and as a basis for ongoing discussion with Government.

About AHPA

Allied Health Professions Australia (AHPA), formerly called Health Professions Council of Australia (HPCA), is the national peak body for major health professions and their representative bodies other than medical practitioners, nurses and unions. AHPA works to represent the interests of the allied health professions sector, particularly to the Government; and to provide a vehicle for liaison and discussion between the professions themselves.

AHPA allows the sector to speak with one voice on issues where there is general agreement, and to negotiate mutually acceptable positions wherever possible on more diverse issues.

Members of AHPA are national organisations representing health professionals who have a role in the private and public health sectors, including public hospitals, involving direct client contact, or managing or educating such health professionals.

Affiliation with AHPA is open to other groups and organisations (including those that are state-based rather than national) who are interested in working with other health professionals on national issues.

Collectively, organisations within AHPA represent approximately 50,000 health professionals. Each organisation has internal systems and networks for liaising with its members, ensuring that AHPA has input from health professionals right across Australia who together provide extensive expertise.

AHPA evolved from the Health Professions Council of Australia (HPCA) which adopted a new Constitution and changed its name in March 2006.

Member organisations of Allied Health Professions Australia:

- Audiological Society of Australia
- Australasian Podiatry Council
- The Australian Association for Exercise and Sports Science
- Australian Association of Social Workers
- Australian Institute of Radiography
- Australian Orthotic Prosthetic Association
- The Australian Psychological Society
- Australian Sonographers Association
- Dietitians Association of Australia
- Orthoptic Association of Australia
- OT Australia
- Services for Australian Rural and Remote Allied Health
- Society of Hospital Pharmacists of Australia
- Speech Pathology Australia

A SNAPSHOT OF KEY ALLIED HEALTH PROFESSIONS

AUDIOLOGY

Audiology is a clinical science focussed on hearing health care and the non-medical management of hearing impairment.

An audiologist is a university graduate with a post-graduate Master's degree in audiology, Clinical certification is achieved by undergoing a minimum of one year's supervised clinical practice in audiology. Audiological sciences include diagnostic, rehabilitative, preventive, research and/or teaching responsibilities.

Audiologists undertake scientific research; may prescribe, administer and interpret audiological tests; may instigate and conduct habilitative/rehabilitative programs, and may be concerned with the development and management of noise control and hearing conservation. An audiologist may also act as a consultant to otologists, neurologists and other medical practitioners, speech pathologists, educationalists and psychologists; oversee industrial hearing screening programs and advise on industrial compensation claims for work-related hearing loss.

The Audiological Society of Australia Inc. (ASA) - trading as *AUDIOLOGY AUSTRALIA* - is the principal professional association representing audiologists in Australia. Established in 1968, it has a current membership of over 1,500 audiologists, representing some 97 per cent of the profession.

DIETETICS AND NUTRITION

Accredited Practising Dietitians (APDs) are university-qualified professionals with the skills to provide expert nutrition and dietary advice. They translate current scientific information into practical advice about what to eat and have the clinical training to modify diets for a wide range of conditions. APD is the only national credential recognised for nutrition and dietetics services by the Government, Medicare, the Department of Veterans Affairs and most private health funds.

Accredited Nutritionists (AN) are tertiary-qualified professionals with expertise in a range of nutrition services including public health nutrition, community health and tertiary education, but excluding individual or group dietary counselling and medical nutrition therapy. APDs are also entitled to use the AN credential.

As there are no rules governing the use of the terms 'dietitian' and 'nutritionist' it is important to always enquire about qualifications and look for the APD or AN credentials.

There are approximately 4,000 dietitians employed in Australia. The Dietitians Association of Australia is the largest professional nutrition-focussed body with 3,400 members.

EXERCISE PHYSIOLOGY

The term 'Accredited Exercise Physiologist' (AEP) describes professionals who have extensive knowledge, skills and experience in clinical exercise delivery for chronic and complex medical conditions. One of the unique skills of an AEP is in providing health-behaviour change counselling and exercise adoption strategies utilising the principles of self-management. AEPs specialise in helping people maintain physical activity and a healthier lifestyle in the long term, and are widely recognised in the health sector as the highest qualified professional in this regard.

An Accredited Exercise Physiologist is ideally suited to providing professional services in the area of exercise as a treatment strategy in physical rehabilitation, as a preventative strategy for disease prevention, and for work hardening as part of establishing and sustaining functional independence.

AAESS has developed clear skills and competencies for exercise physiologists.

There are approx 1,650 members of AAESS, with 850 being Accredited Exercise Physiologists.

MEDICAL RADIATION SCIENCE

Medical radiation science incorporates diagnostic radiography/medical imaging and radiation therapy.

Accredited practising diagnostic radiographers and radiation therapists are university-qualified practitioners with qualifications and skills in the diagnosis or treatment of disease particularly in cancer and oncology.

The diagnostic radiographer/medical imaging technologist is a health care professional who provides and interprets medical imaging examinations for diagnosis and management of medical conditions. Radiographers are responsible for optimising diagnostic quality whilst maintaining radiation safety. The images used for diagnosis and management are produced using diagnostic radiography, ultrasound and magnetic resonance imaging (MRI).

The radiation therapist is a health care professional primarily concerned with the design and implementation of radiation treatment, planning and delivery, and issues of care and wellbeing of people diagnosed with cancer and other conditions.

A diagnostic radiographer or radiation therapist is a professional who has completed an accredited tertiary course and the required clinical experience and holds a Statement of Accreditation from the Australian Institute of Radiography (AIR) which has about 4,000 members.

OCCUPATIONAL THERAPY

Occupational therapists are trained to assist people overcome limitations caused by injury, illness, psychological or emotional difficulties, developmental delay or the effects of ageing. They assist individuals move from dependence to independence, maximising personal productivity, well-being and quality of life.

Occupational therapists take a holistic approach to clients' needs and evaluate and treat clients' occupational performance across the range of life skills and environments. They work in public and private hospitals, rehabilitation units, community health centres, psychiatric services, schools, and private practice.

Occupational therapists complete Bachelor or Master entry-level degree courses at university. Masters and Doctorate postgraduate studies are also available. The World Federation of Occupational Therapists accredits university Schools of Occupational Therapy.

The Accredited Occupational Therapist (AccOT) Program, administered by OT AUSTRALIA, recognises occupational therapists who actively participate in continuing professional development to achieve currency of knowledge and skills. Occupational Therapy Registration Boards operate in four Australian jurisdictions.

ORTHOPTICS

Orthoptics is an allied health profession specialising in the diagnosis and management of disorders of eye movements and associated vision problems; the performance of investigative procedures appropriate to disorders of the eye and visual system; and the rehabilitation of clients with vision loss.

In performing these functions orthoptists are an integral part of the eye health team, providing investigative testing of diseases such as glaucoma, assessment and management of eye movement disorders (for example, following a head injury) and rehabilitation of people with sight loss due to eye diseases such as age-related macular degeneration. Orthoptic treatment of certain conditions can relieve visual symptoms and enhance visual performance.

Orthoptists work in many areas including neonatal care, paediatrics, rehabilitation, geriatrics, neurological impairment, community services and ophthalmic technology.

Australia has about 500 orthoptists, of whom about 70 per cent are members of the Orthoptic Association of Australia Inc.

ORTHOTICS AND PROSTHETICS

Orthotists and prosthetists are allied health professionals who combine knowledge of anatomy, physiology, biomechanics, pathology and materials with physical skills such as assessment, casting, measurement and alignment to provide treatment specific to each client.

An orthotist's role is to assess, apply and provide education regarding the use and care of an appropriate orthosis that serves the individual's requirements. An orthosis is the true term for a brace or appliance that is designed and fitted to the body to achieve one or more of the following goals: control biomechanical alignment; protect and support a healing injury; assist rehabilitation; reduce pain; increase mobility; increase independence.

A prosthetist is clinically responsible for assessing, manufacturing, aligning and fitting all types of upper and lower limb prostheses (artificial limbs). Prosthetists also provide education regarding the use, care and function of prostheses.

Australia has about 500 Prosthetists and Orthotists, of whom about 60 per cent are members of the Australian Orthotic Prosthetic Association.

PHARMACY

The safe and effective use of medicines is the core business of pharmacists, from medicines supply with information for clients, preparing special treatments or providing advice to other health professionals. The majority of the hospital pharmacist's time is devoted to clinical pharmacy services for individual clients.

Pharmacist services are increasingly focussed on Quality Use of Medicines strategies to optimise outcomes from medicines, as well as minimising unintended adverse events. Pharmacists in hospitals reduce medication incidents through client and staff education about medicine selection and use, monitoring, and medication management review. Well developed services in hospitals, such as medication history interviews and medication management review services, have now been introduced to support clients via the Home Medicines Review program in the community.

Australia has approx 13,500 pharmacists with 15 per cent (about 2,000) being employed in hospitals (public and private) and other health facilities.

PODIATRY

Podiatry deals with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs. The conditions podiatrists treat include those resulting from bone and joint disorders such as arthritis and soft-tissue and muscular pathologies, as well as neurological and circulatory disease.

Podiatry is one of the fastest growing occupations in health care, with a growth rate of over 50 per cent in those employed between 2000 and 2005.

Podiatrists are able to diagnose and treat any complications of the above conditions which affect the lower limb, including skin and nail disorders, corns, calluses, necrotic ulceration and ingrown toenails. Foot injuries and infections gained through sport or other activities are also diagnosed and treated by podiatrists. Along with the treatment of painful and debilitating foot problems to facilitate mobility and activity, the podiatrist provides care which may delay or prevent hospitalisation and invasive surgery.

Australia has some 3,000 podiatrists. About 60 per cent are members of the Australasian Podiatry Council.

PSYCHOLOGY

All psychologists are tertiary trained in the academic discipline of psychology, and many have also acquired postgraduate qualifications (Master or Doctorate level) in an area of specialisation.

There is significant and well-documented evidence regarding the effectiveness of psychological interventions. Psychologists offer the following evidence-based services within the health industry:

- Assessment, diagnosis and treatment of mental health disorders;
- Assistance with prevention and management of chronic medical conditions associated with 'lifestyle' problems;
- Facilitation of psychological adjustment to major medical illnesses;
- Assistance with acute and chronic pain disorders;
- Interventions for drug and alcohol abuse;
- Counselling to assist with managing a range of life stresses;
- Assessment and intervention for children, adolescents and families dealing with educational and behavioural problems;
- Assessment, diagnosis and management of deficits such as thinking, memory and attention associated with neurological problems.

The Australian Psychological Society (APS), the largest professional body of psychologists in Australia, has more than 16,000 members.

SOCIAL WORK

Social workers address the barriers, inequities and injustices that exist in society. They respond to crises and emergencies as well as to everyday personal and social problems. Social workers utilise a variety of skills, techniques, and activities consistent with a holistic focus on persons and their environments.

Social workers are engaged in counselling, clinical social work, group work, family work and therapy as well as efforts to help people obtain services and resources in the community. Social work interventions range from primarily person-focussed psychosocial

processes to involvement in social policy, planning and development. Some social workers are trained to help individuals with mental health disorders to resolve associated psychosocial problems and improve their quality of life.

Social work interventions also include agency administration, community organisation and engaging in social and political action to impact social policy and economic development.

The Australian Association of Social Workers represents about 6,000 social workers.

SONOGRAPHY

A sonographer is an allied health professional who has successfully completed an accredited post-graduate course in ultrasound or who has been assessed as competent by the Australasian Sonographer Accreditation Registry (ASAR). Suitably qualified sonographers are known as Accredited Medical Sonographers (AMS) and undertake ongoing continuing professional development. On 1 November 2001, the Australian Department of Health and Ageing introduced mandatory accreditation for all sonographers performing ultrasound examinations for which a Medicare rebate is claimed.

Sonographers perform diagnostic examinations and assist with interventional procedures. The quality of ultrasound services is intrinsically linked to the skill of the operator who optimises the examination by gathering appropriate ultrasound images and providing an initial interpretation of their findings. Ultrasound has widespread uses and is one of the most common medical imaging tests.

The Australian Sonographers Association (ASA) is the profession's peak body with a membership representing around 70 per cent of all sonographers Australia-wide.

SPEECH PATHOLOGY

Speech pathologists are university-trained health professionals who provide specialist services to people with communication and swallowing difficulties that may be present across the life span. Communication disorders include difficulties involving speech, using and understanding language, fluency, hearing, reading and writing, and pragmatic language skills. Speech pathologists also work with people who have difficulties with swallowing food and drink.

Speech pathologists work with clients of all ages and use evidence-based practice to diagnose and treat communication and swallowing disorders.

As a part of a multidisciplinary team, speech pathologists work with other health professionals, teachers and family members or carers in the delivery of an individualised treatment program.

Speech pathologists practise in acute and rehabilitation hospitals, community health centres, early intervention programs, schools and education centres, aged care facilities, private practice, and agencies for those with specific disabilities, such as cerebral palsy and autism.

Speech Pathology Australia, the national peak body, represents over 4,000 speech pathologists, many of whom are accredited as Certified Practising Speech Pathologists (CPSP).

SARRAH

Services for Australian Rural and Remote Allied Health (SARRAH) was established to develop and provide services which enable Australian rural and remote allied health professionals to confidently and competently carry out their professional duties in providing a variety of health services. SARRAH is a 'grassroots' organisation, recognised as the national peak body for rural and remote allied health.

SARRAH advocates for rural and remote allied health professionals and allied health practice on local, state and national levels. SARRAH has a key role in promoting awareness amongst other health professions, clients, government and non-government organisations of the role of the allied health professions in contributing to and meeting the needs for improved health outcomes of rural and remote communities.

SARRAH provides a *Central Point of Contact* for information, input, and advice for those parties seeking a collective voice concerning rural and remote allied health professional issues, particularly in relation to the development and implementation of national and state rural health policy.

Further information:

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