

9 July 2024

Commonwealth Chief Allied Health Office

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To whom it may concern,

RE: Consultation on the Draft Outline of the National Allied Health Workforce Strategy

The Aged and Community Care Providers Association (ACCPA) appreciates the opportunity to comment on the draft outline of the *National Allied Health Workforce Strategy* (the Strategy).

ACCPA is the national Industry Association for aged care providers offering retirement living, seniors housing, residential care, home care, community care and related services. ACCPA exists to unite aged care providers under a shared vision to enhance the wellbeing of older Australians through a high performing, trusted and sustainable aged care sector. We support our members to provide high quality care and services while amplifying their views and opinions through an authoritative and comprehensive voice to the government, community, and media.

ACCPA welcomes the development of the Strategy, which we believe has the potential to improve access to allied health services for older Australians living in residential aged care facilities and those in rural and remote areas.

ACCPA notes that once developed, the Strategy will outline what steps are needed to ensure there are enough highly trained allied health professionals distributed across the country, and will describe how the Australian Government, state and territory governments, universities and professional associations can work together to improve planning for the allied health workforce.

This submission has been prepared from an aged care perspective with input from ACCPA members.

Summary of recommendations:

R1: That the Independent Health and Aged Care Pricing Authority (IHACPA) undertakes a costing study to better understand the cost of delivering the level of allied health services required to provide quality care, and that the Australian Government adjusts the Australian National Aged Care Classification (AN-ACC) price to reflect this.

R2: Include pharmacist in the definition of allied health professionals and develop an action plan to increase the supply of credentialed pharmacists to support the Aged Care On-site Pharmacist initiative.

R3: Separate the discussion on allied health needs of people from rural communities and that of First Nations people noting that not all First Nations people live rurally and strategies which are appropriate for rural communities generally, may not be culturally appropriate for First Nations people.

R4: Include comment in the Strategy about the practice model moving to person centred, trauma informed and restraint aware in discussing high quality allied health care in aged care.

R5: Include a discussion in the Strategy on barriers to access to allied health services for residents of residential aged care facilities and the impact of the proposed mandatory quality indicator for allied health due to be introduced in 2025.

R6: That the Australian Government provide adequate funding to support implementation of the Strategy.

R7: Develop an evaluation framework to assess the impact of the Strategy in consultation with relevant stakeholders, including ACCPA.

R8: Align the Strategy with the findings and recommendations of the *Health Workforce Scope of Practice Review*.

General comment

Older Australians with complex health issues and higher care needs would benefit from regular access to a range of allied health treatments (restorative care). However, many ACCPA members report that accessing allied health services is currently extremely difficult.

According to Allied Health Professions Australia (AHPA), the allied health workforce in residential aged care is currently characterised by a predominantly part time agency/contractor workforce.¹ Importantly, allied health professionals consistently report limited engagement of their services compared to actual client need. This is said to be partially due to insufficient funding, as well as the nature of funding mechanisms that are structurally inappropriate or narrow in focus, and which consequently have not enabled allied health professionals to practice to full scope of their practice.

Allied health services for older people in residential aged care are funded under the Australian National Aged Care Classification (AN-ACC) funding model. However, AN-ACC reflects historical practice in residential aged care and therefore does not address gaps in allied health needs. The Royal Commission into Aged Care Quality and Safety noted that the AN-ACC ‘may’ achieve increased and appropriate allied health delivery.² Professor Eagar and her team (who designed the AN-ACC) have emphasised that the current version is only the first step in a necessary development process,³ and that adequately building allied health into the AN-ACC, including a best practice needs identification and care planning assessment tool, would take several years.⁴

Additionally, the National Aged Care Alliance Position Statement, ‘Meeting the Allied Health needs of older people in residential aged care’ (March 2022)⁵, recommends that:

‘As a matter of urgency, the Commonwealth must assure, clearly articulate and set out in a clear pathway for:

¹ [AHPA \(2021\) Value of allied health in aged care. Submission to Royal Commission into aged care quality and safety](#)

² Royal Commission into Aged Care Quality and Safety. Final Report. Volume 3A The new system, 180

³ Eagar K, Westera A, Snoek M, Kobel C, Loggie C and Gordon R (2019) How Australian residential aged care staffing levels compare with international and national benchmarks, Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong (prepared for Royal Commission into Aged Care Quality and Safety), 33

⁴ AN-ACC: A national classification and funding model for residential aged care: synthesis and consolidated recommendations The Resource Utilisation and Classification Study: Report 6, 8-10; <https://www.australianageingagenda.com.au/clinical/allied-health/allied-health-a-real-loser-in-budget/>

⁵ NACA Position statement Meeting the allied health needs of older people in residential aged care March 2022 <https://naca.asn.au/wp-content/uploads/2022/04/National-Aged-Care-Alliance-Position-Statement-Allied-Health-1.pdf>

- Funding in the aged care classification model to ensure the inclusion of the broad care workforce in addition to personal care staff and nursing including oral health therapists, recreational officers, lifestyle staff, diversional therapy, welfare officers, spiritual care and pastoral care; and
- Funding a separate dedicated component for the assessment and delivery of allied health services responding to individual needs of older people in residential aged care; and
- The mechanisms for appropriate clinical needs assessment and delivery; and
- Monitoring and public accountability for that assessment and service delivery by individual profession/service.'

ACCPA stresses the importance of appropriate funding accompanying the implementation of the Strategy, to support aged care residents to access allied health services when needed and in a timely manner.

To this end, ACCPA recommends that the Independent Health and Aged Care Pricing Authority (IHACPA) undertakes a costing study to better understand the cost of delivering the level of allied health services required to deliver quality care, and that the Australian Government adjusts the AN-ACC price to reflect this.

R1: That the Independent Health and Aged Care Pricing Authority (IHACPA) undertakes a costing study to better understand the cost of delivering the level of allied health services required to provide quality care, and that the Australian Government adjusts the Australian National Aged Care Classification (AN-ACC) price to reflect this.

ACCPA's comments on the draft outline of the Strategy are provided below.

Draft outline of National Allied Health Strategy

Introduction

ACCPA agrees that there is no agreed definition of allied health, and that the Strategy will need to acknowledge this and identify some of the broad parameters used to identify allied health professionals in Australia and overseas.

Importantly, ACCPA notes that currently pharmacists are not considered as part of the allied health definition. With the introduction of the Aged Care On-site Pharmacist program from 1 July 2024, ACCPA recommends that pharmacist be included in the definition of allied health professionals and that an action plan be developed to increase the supply of credentialled pharmacist to support this initiative.

R2: Include pharmacist in the definition of allied health professionals and develop an action plan to increase the supply of credentialled pharmacists to support the Aged Care On-site Pharmacist initiative.

The draft outline states that the goals of the Strategy will include to 'consider what is needed to make sure rural communities and First Nations peoples get access to allied health services.'

ACCPA recommends that the needs of people from rural communities and First Nations peoples should be discussed separately. This is because not all First Nations people live rurally and strategies

which are appropriate for rural communities generally, may not be culturally appropriate for First Nations people.

R3: Separate the discussion on allied health needs of people from rural communities and that of First Nations people noting that not all First Nations people live rurally and strategies which are appropriate for rural communities generally may not be culturally appropriate for First Nations people.

Current and future state of allied health in Australia

ACCPA supports the draft outline for this section which will:

- discuss the role of allied health in the Australian health system.
- identify gaps in what we know about the allied health workforce and summarise issues with how we collect information on the allied health workforce.
- discuss reforms and trends that influence the way allied health professionals practice in Australia.
- discuss whether we are doing enough to make sure consumers are provided with safe and high quality allied health care.

However, in the context of providing high-quality allied health care in aged care, there is a need for a comment/discussion about the practice model moving to person centred, trauma informed, and restraint aware.

R4: Include comment in the Strategy about the practice model moving to person centred, trauma informed and restraint aware in discussing high quality allied health care in aged care.

Snapshots of allied health professionals in Australia

ACCPA notes that this section will identify the sectors where allied health professionals often work in Australia, including aged care.

ACCPA also notes that the Strategy will provide an overview of the following for each sector:

- the types of allied health professionals that often work in that sector and what we know about them
- the funding models used
- factors driving workforce supply and demand for that sector
- factors associated with retention, or attrition, of allied health professionals in their chosen profession.

In the context of aged care, ACCPA believes this section should identify barriers to access to allied health services for residents of residential aged care facilities. This section should also consider the proposed introduction of a new Quality Indicator for allied health by July 2025,⁶ and this may impact the way allied health services are delivered in aged care.

Some ACCPA members who deliver residential care report that while they recognise the importance of allied health, they do not receive adequate funding to cover the associated costs. Many providers

⁶ <https://www.health.gov.au/sites/default/files/2024-01/expansion-of-the-national-aged-care-mandatory-quality-indicator-program-consultation-paper.pdf>

are experiencing financial stress, and the current policy settings in aged care are focused on other roles. This has led to providers using funding for staffing to employ other types of employees such as Registered Nurses whose work can count towards mandatory care minute targets and/or enable them to comply with 24/7 Registered Nurse requirement.

For this reason, the introduction of a mandatory Quality Indicator for allied health may have little impact if providers cannot afford to employ/engage allied health staff under the current funding and policy settings (See R 1 above).

R5: Include a discussion in the Strategy on barriers to access to allied health services for residents of residential aged care facilities and the impact of the proposed mandatory quality indicator for allied health due to be introduced in 2025.

Priorities for action

ACCPA notes that this section will be developed after the first round of consultations. It will identify priorities and actions to take forward through the Strategy. However, implementation of the Strategy will need to be properly funded to ensure that there is adequate supply of relevant allied health professionals to support older Australians in aged care.

R6: That the Australian Government provide adequate funding to support implementation of the Strategy.

Next steps for the National Allied Health Workforce Strategy

ACCPA notes that this section will be developed after the first round of consultations and will identify timeframes and milestones and how the impact of the Strategy will be assessed. We recommend that the evaluation framework should be developed in consultation with relevant stakeholders, including ACCPA.

R7: Develop an evaluation framework to assess the impact of the Strategy in consultation with relevant stakeholders, including ACCPA.

Additional comments

ACCPA notes that Professor Mark Cormack has recently completed an independent review of health workforce scope of practice review.

The *Unleashing the Potential of our Health Workforce, the Scope of Practice Review* considered current models of care against community needs, explored the available evidence of the benefits of health practitioners working to full scope of practice and identified barriers and opportunities for innovation. The focus of the review included allied health professionals.

The review is due to report its findings, including recommendations and an implementation plan, in the second half of 2024.

ACCPA recommends that the Strategy should take the findings and recommendations from the scope of practice review as they apply to allied professionals into consideration.

R8: Align the Strategy with the findings and recommendations of the *Health Workforce Scope of Practice Review*.

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If you have any questions or would like to discuss this submission, please contact Dr Moe Mahat at Mohamad.Mahat@accpa.asn.au.

Yours sincerely

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