Australian Government, Department of Health and Aged Care | Consultation on the *draft National Allied Health Workforce Strategy*

Australasian Sonographers Association (ASA) response – provided via the requested online survey template

Submitted: 3 March 2025.

Survey Questions

Respondent information

Please answer a few short questions about yourself.

Are you answering these questions on behalf of an organisation? [MANDATORY]

- ☐ **X Yes, I am answering on behalf of an organisation/institution.**
- ☐ No, I am answering as an individual.

IF ORGANISATION: In which State(s) and/or Territory(ies) do you operate: [MANDATORY]

- ☐ VIC
- ☐ SA
- ☐ NSW
- ☐ QLD
- ☐ WA
- ☐ TAS
- ☐ ACT
- ☐ NT
- ☐ **X NATIONAL**

IF ORGANISATION: Please select the category that best describes your organisation: [MANDATORY]

- ☐ **X Peak/professional body – allied health**
- ☐ Peak/professional body - other
- ☐ Regulatory body
- ☐ Aboriginal and/or Torres Strait Islander organisation
- ☐ State/Territory government department/agency
- ☐ Other government entity
- ☐ Health service delivery organisation
- ☐ Disability service delivery organisation
- ☐ Aged care service delivery organisation
- ☐ Other service delivery organisation
- ☐ Local council
- ☐ Primary Health Network
- ☐ University/education/research institute
- ☐ Other

IF INDIVIDUAL: In which State/Territory do you live? (MANDATORY)

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia
- ☐ Prefer not to say

IF INDIVIDUAL: Please select the region that best describes where you live:(MANDATORY)

- ☐ Metropolitan
- ☐ Regional
- ☐ Rural
- ☐ Remote
- ☐ Prefer not to say

IF INDIVIDUAL: Please select the category that best describes you: [MANDATORY]

- ☐ Health care consumer
- ☐ Allied health professional
- ☐ Allied health assistant
- ☐ Medical practitioner
- ☐ Nurse, nurse practitioner or midwife
- ☐ Allied health employer
- ☐ Allied health educator or policy officer
- ☐ Allied health academic
- ☐ Allied health student
- ☐ Other [please specify]

PART ONE: INTRODUCTION

The Introduction outlines the need for a national strategy by highlighting both an increased demand for allied health services, as well as the known workforce shortages and maldistribution issues across Australia (page 6-10).

1. **Is there anything missing in the Introduction that could assist in explaining the rationale for a National Allied Health Workforce Strategy?**

   No/Not Sure/Yes

   [appears if No/Not Sure in question 1] **Please explain and provide recommended changes.**

ASA Feedback

- Central to the whole discussion about ensuring a sufficient and sustainable allied health workforce, is the need to define allied health. It is difficult to improve something that you can't measure, or measure something you can't define. We do note that paragraph 3 of the introduction specifies some parameters (e.g., those with university-level qualifications) and that paragraph 5 provides some examples. However, we recommend including further information about who this strategy seeks to incorporate; or alternatively highlight the issue that various definitions exist and that defining the sector can be challenging. We acknowledge this issue is raised briefly under 'Policy context one: Reforms to regulation' but believe it would be beneficial to raise it in the introduction also. We understand that this is a high-level document, and definitions may change over time. We also understand that work to develop a commonwealth-level definition is taking place separately from this consultation.

- Connected with the issue of definition, is the fact that allied health incorporates many different professions that vary considerably in terms of where, how and to whom they provide services. In addition, there is the issue of different education and training requirements, different challenges in supporting training and early career practice, and later the impact of different funding rates for services.

- The variety of professions within the sector can influence low public awareness and understanding of the wider sector, and the value provided to the community. This is particularly relevant where allied health services provide prevention or early detection and treatment - improving health outcomes and reducing healthcare expenses by avoiding more complex conditions and treatments. We recommend this also be acknowledged in the introduction.

- We recommend that paragraph 4 of the introduction be expanded to recognise the role of the National Code of Conduct for health care workers and the health complaint entities for non-AHPRA registered allied health professions – particularly those where nationally enforceable minimum professional standards are not currently in place. In addition, it would be helpful to highlight some of the issues pertaining to non-AHPRA registered professions, such as disparities in data collection and availability.

- The sub-section 'Allied health shortages and maldistribution of the workforce' could be expanded to reflect all stages of a career including initial attraction, training (of which clinical placements are a significant challenge), progression, and retention.

- As well as shortages in rural and remote areas, shortage often also exist in sub-specialities. For example, in the profession of sonography this often includes cardiac sonographers.

- We recommend the findings of the **environmental scan** be summarised and referenced, with further detail made available in the appendix or supplementary document – as this work provides a clear rationale for some of the most important priorities such as data collection and modelling.

- Given the significance of the **Scope of Practice Review** and the extensive policy details it provided about the key barriers and opportunities for the profession in that review, we recommend it be referred to explicitly both in the introduction and the policy context section.

- We support the focus on cultural safety and workforce participation by Aboriginal and Torres Strait Islander people. For clarity, we suggest changing the sub-heading of 'allied health workforce inequities' to 'Cultural safety and workforce participation' or something similar to reflect that this issue is relevant across the entire health workforce – not just allied health – and that this area does not refer to other types of possible inequities.

The Introduction also provides a Vision outlining what the Strategy hopes to achieve over the next 10 years (page 9).

2. **Do you agree with the Vision statement?**

   Disagree/Not Sure/Agree

   [appears if Disagree/Not Sure in question 2]   **Please outline why**.

   ASA Feedback

   - We support the intent of the vision statement – noting that it been developed to focus on the client. However, we believe it could be shortened to emphasise the central point that *all Australians have access to high-quality allied health services*.

   - We understand the importance of ensuring and recognising the 'value' the allied health sector provides (hence the term *high value*), however, we believe 'high quality' is also very important.

   - In reference to the wording 'with a *growing*, valued and supported allied health workforce ...' we recommend replacing 'growing' with sustainable or well-distributed.

PART TWO: POLICY CONTEXTS

The allied health workforce operates in a complex policy context. The Draft Strategy highlights three policy contexts (page 11-13), reflecting the influence they have and the opportunities and challenges they present to the five Priorities discussed in the Strategy. *Please ensure you read this section of the Draft Strategy before answering the questions below.*

3. **Do you agree with these policy contexts?**

- Reforms to regulation

  Disagree/Not Sure/Agree

- Future workforce capabilities

  Disagree/Not Sure/Agree

- Cross-sectoral policy alignment

  Disagree/Not Sure/Agree

[appears under every Disagree/Not Sure in question 3] **What changes would you make?**

ASA Feedback

1. Reforms to regulation

- Currently this section includes a variety of points not limited to regulation (e.g. regulation, accreditation and standards; internationally qualified practitioners; and sector definition). It may be better to use a broader title for this section to reflect this.

- We agree with the discussion around the inconsistencies in the regulatory environment between allied health professions that are regulated under AHPRA, and those that are not. Outside of the AHPRA-regulated professions, there are a variety of arrangements in place including models of accreditation, varying levels of enforceable quality standards, and defined scopes of practices.

- Similarly, there are inconsistencies in the legislative environment between jurisdictions – in some cases restricting practice and making workforce mobility more challenging.

- While reference to definitional challenges has relevance here, we recommend the issue be discussed in more detail in the introduction.

2. Future workforce capabilities

- We agree that technology and digital health present both challenges and opportunities; and that it requires specific nonclinical skills.

- As well as considering technology from a consumer perspective, we recommend highlighting the role technology can also play a role in teaching and developing allied health professionals; as well as collaboration and reporting – especially in regional, rural, and remote areas.

- Team-based care or multidisciplinary models of care are becoming more common. We support work to understand models of care and support relevant to allied health professionals, including recognition that they may differ from those used in a medical setting (e.g. medical practitioner / nurse etc). This may be influenced by increased practice of advanced and extended scope, including reporting of results.

- We recommend incorporating the importance of student clinical placements, and ensuring graduates are job-ready with a consistent minimum standard of competency; as well as developing skills to meet advanced and extended scopes of practice.

3. Cross-sectoral policy alignment

- We support the inclusion of this policy context as there are many other areas of reform occurring that need to be considered. They may present opportunities to coordinate outcomes and maximise funding efficiencies – although noting this National Allied Health Workforce Strategy will also require its own dedicated funding to be effective.

- In terms of other reforms, the Scope of Practice review, in particular, is likely to impact workforce training and development.

4. Are there other policy contexts that could be considered for this section?

PART THREE: PRIORITIES

The Draft Strategy includes five Priorities that call out the need to plan for, train, grow, distribute and retain a diverse workforce that meets future demand for allied health services (page 14-34). The underlying challenges that give rise to the Priorities have informed each priority's objective and actions. *Please ensure you read this section of the Draft Strategy before answering the questions below.*

5. Do you agree with the Priorities and their associated actions?

- Enhance the impact of allied health professionals

  Disagree/Not Sure/Agree

- Improve national allied health workforce data and planning

  Disagree/Not Sure/Agree

- Build a sustainable allied health workforce

  Disagree/Not Sure/Agree

- Grow, support and retain the Aboriginal and Torres Strait Islander allied health workforce

  Disagree/Not Sure/Agree

- Grow, support and retain the rural and remote allied health workforce.

  Disagree/Not Sure/Agree

[appears under every Disagree/Not Sure in question 5] **What changes would you make?**

ASA Feedback

1. **Enhance the impact of allied health professions**

- We support the need for this priority area, including the need to raise awareness and the profile of allied health professions and the value of the services they provide; together with the training pathways to profession and career development pathways within the profession.

- We strongly support the need to design accreditation standards and professional capability frameworks (1.4) as this provides the evidence to help retain professionals e.g. through remuneration, opportunities for advanced practice, and leadership roles.

2. **Improve national allied health workforce data and planning**

- We support this priority area. It is important that this is done in a coordinated way, and that dedicated funding is allocated to implement this work.

- This work will be supported by efforts to better define and profile the sector – including understanding the areas allied health professionals work in, services provided, models of care, education and training pathways, and workforce profiles (e.g. FTEs vs the number of practitioners, work type (e.g. full-time, part-time, casual/locum) etc.

3. **Build a sustainable allied health workforce**

- We support this priority area.

- In particular, student training – including clinical training placements – is an important consideration as in many professions this is a defining factor in workforce sustainability (as per action 3.2). This includes supporting students to ensure they do not face placement poverty; supporting employers / workplaces and recognising the resources needed to take on students; recognising and remunerating the role of clinical supervisors; and ensuring consistency in the quality of experience for students to ensure graduates are job-ready.

- The role of technology should be considered also in training and in practice, for individual professionals and in the way professionals work together.

4. **Grow, support and retain the Aboriginal and Torres Strait islander allied health workforce**

- We support the creation of this as a separate priority area and the actions included. We defer to the expertise of Aboriginal and Torres Strait Islander colleagues to comment on the details of the objectives and actions in this area.

- We note that the details of this area refer to both the Aboriginal and Torres Strait Islander allied health workforce and consumers (as per objective 2 and action 4.2). Therefore, we recommend extending the Priority area title to reflect this e.g., *Grow, support and retain the Aboriginal and Torres Strait Island allied health workforce, <u>and ensure a culturally responsive environment</u>*.

5. **Grow, support and retain regional, rural and remote allied health workforces**

> - We support the creation of this as a separate priority area. While there are common issues nationally, issues and solutions can differ for regional, rural and remote workforces. This includes strategies to assist attract and retain the workforce; possible incentives to encourage those who've previously left to return; support for early career professionals; and ways to attract and support students including those undertaking clinical training placements as well as clinical supervisors. In addition, there may be different models of care and use of technology that help support allied health professionals working in regional, rural and remote areas.
>
> - As is the case nationally, there is a need for greater awareness and promotion of the services allied health professionals provide in regional, rural and remote areas. We support the use of case studies and other methods to promote awareness of the role and work of allied health workforces, and the benefits of working in regional, rural and remote areas.
>
> - This area will be supported by improved data to understand the current and expected demand for - and provision of – services, and any gaps or maldistribution in order to prioritise the greatest area of need.

6. Do the five Priorities cover the key allied health workforce issues that can be addressed at a national level?

No/Not Sure/Yes

[appears if No/Not sure in question 6] **What else would you like considered as a Priority**?

> **ASA Feedback**
>
> - Overall, and considering the feedback provided above, we consider these five priority areas as appropriate given the issues that can be addressed nationally. However, it is essential that all governments support, commit funding to, and work collaboratively towards the implementation of this strategy.
>
> - In addition, there must be regular review of the implementation, with the capacity to adapt as needed. This is relevant given the large number of other workforce reforms and work areas underway – some of which have potential to have a significant impact on the National Allied Health Workforce Strategy.

Next Steps

Thank you for your participation. Your input to the development of the Strategy is greatly appreciated. If you'd like to receive updates on the progress of the Strategy, please subscribe to allied health sector updates via the department's website.

CONSENT TO PUBLISH

Do you consent to your submission being published? [MANDATORY]

- ☐ **<u>Yes</u>**
- ☐ No

[If selected Yes to consent] Would you like your name or your organisation's name to be published alongside your submission on the consultation hub? [MANDATORY]

- ☐ **<u>Yes</u>**
- ☐ No

[If selected Yes to name being published] Please provide your name or your organisation's name as it will appear alongside your response:

Name _____ [MANDATORY]

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