



**Allied Health  
Professions  
Australia**

# **Year in Review 2019**

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# YEAR IN REVIEW 2019

We are living through extraordinary times. As governments and the broader health sector have rallied to address the current COVID-19 health pandemic, the allied health sector has been presented with a range of unique challenges and opportunities. I'm pleased to say that our proactive and collaborative approach to advocacy work in 2019 has put AHPA and its members in a stronger position to tackle the issues that have arisen, and that will continue to challenge our sector and organisations as we move through 2020.

The development of strong relationships with federal ministers and senior departmental staff after the 2019 federal election resulted in several significant advocacy achievements and an increased awareness of both AHPA and allied health more broadly. AHPA's invitation to join the federal government's steering committees on primary care and preventive health was a result of strong advocacy as well as an acknowledgment of the role that allied health professions have in the prevention, management and treatment of chronic disease. Those relationships have been invaluable during the current pandemic and have helped the organisation drive support for the introduction of allied health telehealth services for COVID-19 and specific allied health-focused responses by the Department of Health. Throughout this crisis, AHPA has strengthened existing relationships and built new ones within the Department and Minister's office that will provide important foundations for future advocacy work.

I'd like to acknowledge the strong culture of trust and collaboration that exists among the AHPA membership. AHPA members are crucial to any of our organisational achievements, and each member organisation's work to support AHPA and one another has strengthened the sector as a whole. It is clear that we are stronger together and most effective when working in close collaboration. This was demonstrated through some of AHPA's key wins in 2019 and continues to be essential as we have moved to respond to the unique challenges of the COVID-19 pandemic.

AHPA grew significantly during 2019, expanding its membership and staff resourcing. This has allowed the organisation to build its policy and advocacy capacity and to expand the organisational support work undertaken on behalf of members. AHPA continued to refine the way it engages its members, from the structure of member collaborative and policy forums, to the introduction of new communication channels, to working groups, surveys and the member portal. These changes have increased AHPA's capacity to present informed and united positions on key issues for allied health.

Our increased advocacy activity during 2019 has strengthened our profile across key government departments and provided important knowledge and experience that will support work in other areas. AHPA's work in disability and the NDIS has provided important insights that are now informing our work in relation to aged care reforms. Similarly, our work to identify and overcome barriers to allied health participation in digital health have implications for other policy areas including rural and remote health and mental health.

I'd like to take this opportunity to thank the retired AHPA Chair, Cris Massis, for his significant strategic insights and strong governance during his term as Chair. I'd also like to sincerely thank Claire Hewat, CEO, and the AHPA staff team for their dedicated work and efforts to ensure that allied health is well recognised and represented across a wide range of strategic platforms. This work has been enabled by the continued peak body funding through the Department of Health, for which we are very grateful.

I encourage you read more about the work that AHPA has undertaken during 2019 and look forward to working with each of your organisations in 2020 as we work to build stronger and more integrated systems through which allied health can optimise the health and well-being outcomes of Australians.

**Gail Mulcair – AHPA Chair**

# ABOUT AHPA

Allied Health Professions Australia (AHPA) advocates for the vital role of allied health professionals in delivering effective, equitable and sustainable services that assist Australians to achieve the best possible health and life outcomes. We do this by supporting our member organisations to bring their collective and individual voices to key policy areas and by raising awareness of the value of allied health practice.

AHPA's key objectives are to:

- » deliver effective advocacy which advances allied health and provides value to members
- » enhance our profile with key stakeholders to increase influence
- » support our members to enhance their own knowledge and influence
- » develop a sustainable resource base to achieve our purpose

A wide range of strategies are employed against these objectives each year to achieve our goals for the allied health sector.



# ADVOCACY FOR THE ALLIED HEALTH SECTOR

Allied health services play a crucial role in primary care, mental health, aged care, disability, education, rehabilitation, social services and more. However, access to allied health services can be limited for some consumers, particularly those with limited capacity to pay privately or those living in regional and remote communities. AHPA and its members are committed to increasing access to allied health services and recognition of the essential role those services play in supporting health outcomes. AHPA engages with key government and other stakeholders in relation to a broad range of advocacy issues identified by our members and the allied health community. We also work to support and influence government policy initiatives that affect the allied health sector.

A significant focus for AHPA in 2019 was strengthening some of our most important relationships with government ministers and other influential stakeholders. That work has enabled AHPA and its members to have a stronger and more effective voice and has supported a range of significant advocacy outcomes. As we move into 2020, AHPA is in a strong position to support its members and to meet the challenges of the future.

## Political engagement

The 2019 federal election campaign was identified as both a significant opportunity and a major challenge for AHPA. To be effective, AHPA needs strong and effective relationships with key leaders across government. Any election raises the possibility of significant changes in leadership.

In the lead up to the election, AHPA undertook a range of campaign activities focused on both parties aimed at advancing key advocacy objectives and establishing and strengthening relationships with current and potential leaders.

Following the success of the Coalition government, AHPA moved to establish relationships with a number of new ministers working across key portfolios with relevance

for the allied health sector. We also worked to strengthen our existing relationship with the Health Minister. AHPA is pleased to acknowledge the productive relationships we've been able to establish with ministers across the Morrison government including:

- » Minister for Health, the Hon Greg Hunt MP
- » Minister for Veterans' Affairs, the Hon Darren Chester MP
- » Minister for the NDIS, the Hon Stuart Robert MP
- » Minister for Regional Health, Regional Communications and Local Government, the Hon Mark Coulton MP.

That engagement supported a range of positive outcomes in 2019, including legislative changes to NDIS registration requirements, delays to the introduction of the DVA Treatment Cycle Initiative, and support for rural health initiatives for allied health. There is now an increasing awareness of AHPA and allied health more broadly among policy makers and we are continuing to build on that in our advocacy work.

AHPA also worked to engage a range of state and territory disability ministers in relation to key disability-related advocacy issues. This support provided an important foundation for changes to the rules for NDIS registration for allied health providers.



CEO Claire Hewat with Federal Health Minister, the Hon Greg Hunt MP, and member CEO Nello Marino

## Allied health leadership

A key focus for AHPA in 2019 was building the case for a dedicated Commonwealth Chief Allied Health Officer. The diverse nature of the allied health workforce and the complexity of funding arrangements requires strong national leadership and a detailed understanding of the sector. The absence of that role continues to impact the allied health sector and the effectiveness of government policy response. AHPA and its members have argued strongly that building more effective primary care and other health system responses to the health needs of our community requires a senior allied health in the Department of Health. This role will be crucial in supporting the national coordination of the allied health workforce development required to meet the growing needs of the disability and aged care sectors.

AHPA worked closely with the National Rural Health Commissioner and made direct representations to the Department of Health and the Disability and Health Ministers to argue for dedicated allied health leadership at the Commonwealth level. Our work in 2020 will continue to push for such a leadership role to support sector and policy development in key areas such as workforce development and new models for service funding and delivery. The Minister for Health has expressed a particular interest in areas where a Commonwealth Chief Allied Health Officer would be valuable, including rural health and workforce training. We look forward to having the Minister's support for this role in 2020.

## Primary and preventive care

The Australian Government released its Long-Term National Health Plan in 2019, highlighting a number of key priorities for the country. These include strengthening primary care, guaranteeing Medicare and investing in preventive health. Each of these areas has significant implications for the allied health sector and AHPA has undertaken extensive engagement with the Health Minister and

Department of Health to support work being done in those priority areas. A key focus in our work has been expanding access to preventive health funding and advocating for urgently needed reforms of Medicare funding for allied health services.

## Government representation

AHPA secured representative roles on two key steering committees created to support the government's national health plan. The two committees were launched by Federal Health Minister Greg Hunt in September with representatives from across the health sectors. The Primary Health Reform Steering Group and the Expert Steering Committee for Preventive Health Strategy will advise the government on development of its Primary Health Care 10-Year Plan and the National Preventive Health Strategy respectively and provide an important opportunity to argue the case for better integration of allied health services in our primary care system.

AHPA's role on these steering committees reflects increased recognition by the Australian Government that allied health professions have essential roles in primary care and in the prevention, management and treatment of chronic disease. Traditionally, high-level representation has primarily consisted of representatives of the medical professions. By participating in high-level advisory groups and government committees, AHPA seeks to improve understanding of the allied health sector and commitment to policies and programs that support greater integration of allied health in our health system.

## Medicare Review

The Medicare Benefits Schedule (MBS) Review was established in 2015 and has sought to review all Medicare funding items. Work on reviewing the allied health items started in 2019 and AHPA was able to work with its individual member associations to develop detailed submissions to support the allied health working group in developing recommendations for reforms.

AHPA representatives were among a limited number of organisations invited to present at face-to-face consultations in Melbourne on the recommendations from the Allied Health and Mental Health Reference Groups. AHPA worked throughout 2019 to follow up those initial submissions with responses to each relevant Reference Group, Committee and Taskforce report. AHPA provided direct input to the:

- » Allied Health Reference Group
- » Nurse Practitioner Reference Group
- » Mental Health Reference Group
- » Specialist and Consultant Physician Consultation Clinical Committee
- » Pain Management Clinical Committee
- » General Practice Primary Care Committee (Phase 2)

A draft report from the Wound Management Working Group was released for consultation in November and AHPA will be responding to recommendations relevant to allied health.

We were pleased to see significant recommendations for reform of allied health MBS items, addressing many of the issues raised by AHPA and its membership. Despite the re-introduction of indexation of MBS fees in July, the 1.6% increase in rebates for allied health items covers a limited range of allied health services and doesn't yet reflect the true cost of providing adequate patient care. This continues to limit the accessibility of allied health services for many of the most vulnerable consumer cohorts.

AHPA will continue to work with the MBS Taskforce in 2020 and we look forward to the implementation of recommendations for allied health from the MBS Review in the near future.

### **Social prescribing**

Many allied health professionals work not only by providing direct clinical services but also by supporting individuals to better participate in their communities. Social prescribing,

or connecting people to community-based supports, is an important part of that practice and a significant component of the work of many allied health professionals. Yet this aspect of care is not well understood. AHPA worked with the Consumer's Health Forum (CHF) and the Royal Australian College of General Practitioners (RACGP) to collect and analyse data via a Social Prescribing Survey. The survey asked consumers, GPs and allied health professionals for their views on social prescribing and facilitating connections between health and community services.

Data showed that most of the allied health professionals surveyed regularly referred patients to non-health services in the community and considered this within their scope of practice. However, few had heard of the term 'social prescribing'. AHPA presented allied health results as part of the Social Prescribing Roundtable in November, and AHPA will remain engaged in the development of a paper from this workshop. AHPA also supports the recommendations from the roundtable which included a review of existing policies and programs to support an evidence-based approach to social prescribing, and creation of professional development materials for the health and allied health workforce.

### **Disability**

Allied health professionals provide a wide range of essential services for people with disability. Some allied health professions work primarily within the disability sector and under the National Disability Insurance Scheme (NDIS). This makes disability-focused policy and advocacy work a key advocacy area for AHPA and its members. AHPA undertook extensive work to build and maintain strong relationships with key stakeholders across the National Disability Insurance Agency (NDIA), NDIS Commission and Department of Social Services in 2019. AHPA worked on a wide range of consultations led by the Joint Standing Committee on the NDIS, the Productivity Commission and other government agencies. That work supported a number of notable successes in 2019.



## NDIS registration rules

The introduction of new registration requirements for NDIS providers as part of the implementation of the NDIS Quality and Safeguards Framework added significantly to the cost and administrative burden of working within the NDIS. This particularly impacted smaller businesses operating with a company structure. AHPA engaged the Commonwealth and state and territory disability ministers, successfully advocating for changes to the legislative rules underpinning the NDIS registration process. This change has meant that many allied health providers no longer need to undertake the full certification process when registering to deliver services.

In addition to political advocacy, AHPA made written submissions in response to recommendations for amendments to the Provider Registration and Practice Standards Rules, and for changes to the Provider Registration and Practice Standards Rules (Registered NDIS Provider Notice of Changes and Events).

In December, the NDIS Commission made legislative changes that significantly reduced the number of providers needing to undertake the more complex and expensive certification audit.

## NDIS registration support project

In addition to its advocacy activities related to NDIS registration, AHPA was also successful in applying for a grant to support allied health professionals to complete NDIS provider registration. The NDIS Commission grant provided \$500,000 of funding to support the development of targeted resources to support allied health providers to prepare for registration and the associated audit process.

The initial phase of the project was undertaken in the latter half of 2019 and involved a scoping study to determine the readiness of allied health professionals for NDIS registration. It was found that allied health professionals lacked the resources and systems to meet audit requirements for registration. There was support

from allied health professionals and from auditors for resources that enabled practitioners to better prepare for audit.

AHPA launched the Allied Health NDIS Registration Support website in December with the first round of content providing information and resources for verification audits. Resources for certification audits and a series of webinars will be delivered in the first half of 2020.

## NDIA annual price review

After undertaking extensive work in 2018 to respond to the McKinsey and Company Independent Price Review, AHPA undertook a range of activities to support input from the allied health sector and engagement with the NDIA's Chief Economist and pricing branch. AHPA welcomed the introduction of a new price review process and the opportunity for the sector to support the NDIA in developing its pricing policy. This work was successful in preventing the introduction of tiered pricing structures or lower fees for allied health services. Instead, AHPA welcomed an increase in NDIS price caps for allied health services in March 2019, which included a single price level for most services.

AHPA and our members will continue to work with the NDIA to support its work on annual price reviews to ensure that NDIS pricing structures support sustainable access to services for participants.

## NDIS planning

The NDIS planning process continues to present challenges for allied health professionals. AHPA members frequently report issues around inconsistent interpretation and uptake of NDIA policy leading to poorer outcomes for participants. In addition to direct engagement of the NDIA's planning branch, AHPA also made a written submission to the Joint Standing Committee consultation on the NDIS planning process. This was followed up by a joint presentation with a number of AHPA member associations to the Joint Standing Committee at its Melbourne hearing.

This process has resulted in a range of recommendations for improvements to the planning process. A key change is the introduction of a new independent functional assessment process, which will involve allied health professionals from a range of professions including occupational therapy, psychology, speech pathology, rehabilitation counselling and physiotherapy undertaking functional assessments for people applying for NDIS funding. The new assessment process will be trialled in early 2020 ahead of a broader national rollout.

AHPA will continue to work with the NDIA and the individual professions to support the national rollout.

## Veterans' affairs

Allied health professionals provide important care to Australian veterans and the Department of Veterans' Affairs (DVA) is a significant funder of allied health services. AHPA and its members work closely with DVA and in 2019 supported members in relation to two key recommendations that came out of the 2018 review of dental and allied health arrangements. These recommendations were the implementation of a new treatment cycle model for allied health services (Treatment Cycle Initiative), based around 12-session series of care, and an update of dental and allied health fee schedule to better reflect contemporary practice.

### Treatment Cycle Initiative

The Treatment Cycle Initiative (TCI) was due to be implemented on 1 July 2019, however AHPA members raised strong concerns about the ability of providers to meet that deadline and continue providing quality care for veterans due to delays in the rollout of guidelines and communications for GPs, allied health providers and veterans. AHPA raised these concerns with the Minister for Veterans' Affairs, the Hon Darren Chester MP, who subsequently announced a delay in implementation to 1 October. DVA

undertook a range of additional activities before the launch of the TCI in October and that program is now in place. The program will be reviewed after 12 months.

The postponement of the TCI was an important advocacy win for allied health providers and for veterans. Implementation in July, without adequate guidance and time for preparation, would have significantly affected the transition to the new treatment model for both providers and DVA clients.

### Pricing

AHPA and its members have longstanding concerns about the low fees paid for allied health services by DVA. Rates paid by DVA are substantially lower than those from other payers which has a significant impact on access to services for veterans and limits the ability of providers to deliver high-quality services from experienced practitioners.

AHPA raised this issue directly with the Minister in June and has been advised that the Minister and Department are aware of the impact of the price schedule. However, substantial changes to the DVA allied health fee schedule will depend on the outcomes of the 12-month TCI review and this remains a key advocacy area for AHPA.

## Rural and remote health

People in rural and remote areas generally experience much more limited access to health services, particularly allied health services, and also experience poorer health outcomes than people living in metropolitan areas. This has been recognised by the Australian Government with the appointment of the first National Rural Health Commissioner in 2017. That appointment was continued in October 2019, to provide policy advice as part of a broader agenda to reform rural health in Australia.

A key focus for the National Rural Health Commissioner in 2019 was developing a series of proposals for initiatives focused on the rural

and remote allied health workforce. AHPA worked closely with the Commissioner, both directly and as a member of the Australian Allied Health Leadership Forum (AAHLF) and National Rural Health Alliance (NRHA). In August, AHPA provided a written submission in response to the 'Discussion Paper: Rural Allied Health Quality, Access and Distribution' and continued to work with the Commissioner as the final report was prepared for the Minister for Regional Health, Regional Communications and Local Government.

We were pleased to see a range of recommendations for significant changes to the support available to the current and future rural allied health workforce, including improvements to education and early career pathways, as well as proposals to support more sustainable employment for allied health providers in smaller communities through pooling of funding across multiple funding schemes.

## Aged care

Access to allied health services in aged care settings continues to be highly varied for older consumers and very few have access to wellness and reablement care. This was highlighted by the launch of the Royal Commission into Aged Care Quality and Safety in 2019 and the wide range of evidence presented during hearings and in public submissions. AHPA worked closely with its member associations throughout the year on a significant program of aged care-related policy and advocacy work focused on the Royal Commission and the Resource Utilisation Classification Study (RUCS). Aged care policy and advocacy will continue to be an important area of work in 2020 as national reforms are developed and implemented.

### Aged care funding reform

AHPA welcomed moves to reform the Aged Care Funding Instrument and undertook significant work in conjunction with aged care experts from our member associations to support government reform activities. AHPA responded to the RUCS consultation process and continued

to provide direct input into key Department of Health aged care reform committees through its representatives, focused around the need for major changes to the funding of allied health aged care services.

A trial of an alternative residential aged care funding tool (the Australian National Aged Care Classification (AN-ACC) assessment tool) has commenced, with allied health professionals (physiotherapists and occupational therapists) working alongside nurses to provide independent assessments for aged care funding. AHPA will continue to monitor the trial, which will finish in June 2020.

### Royal Commission

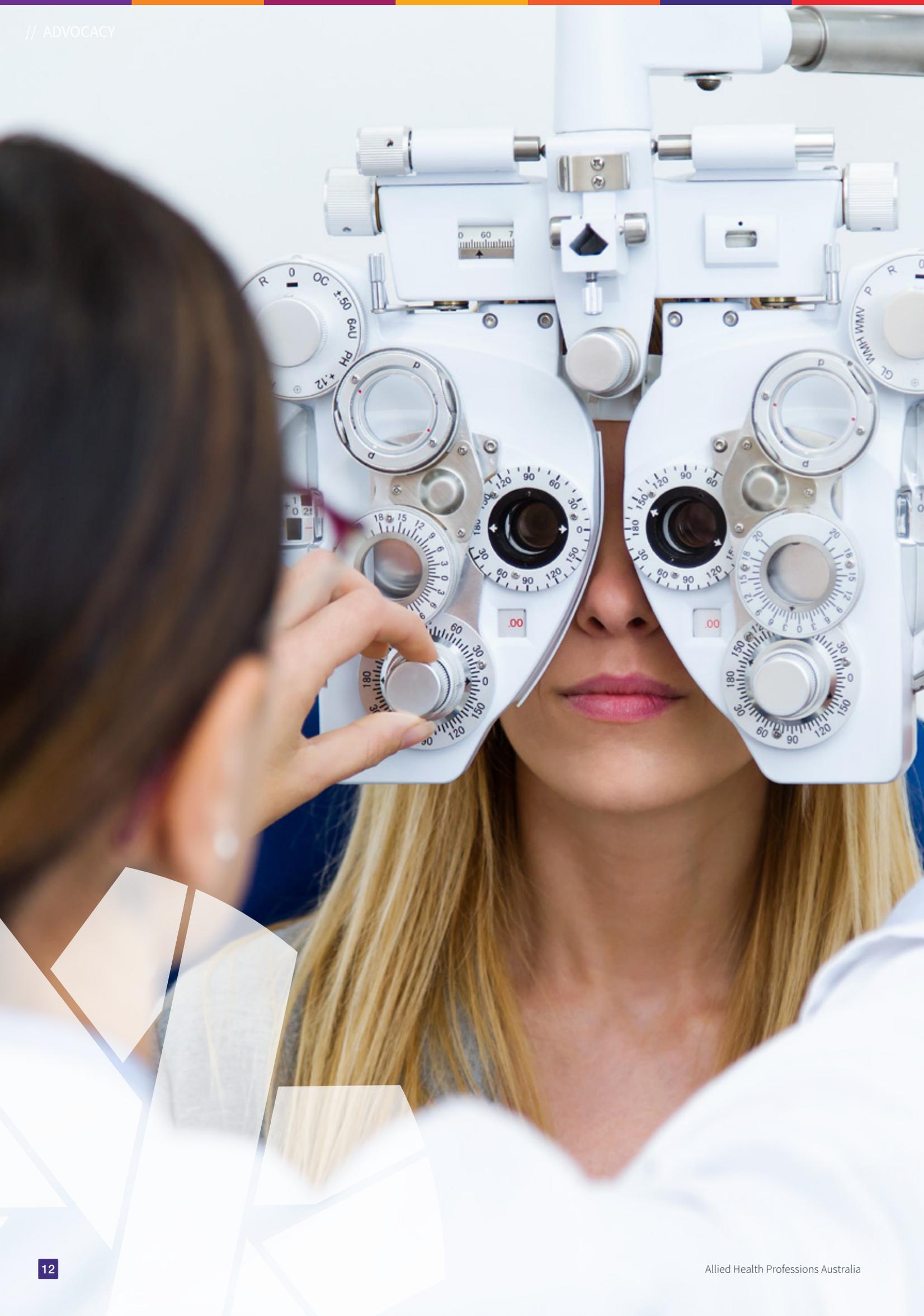
AHPA made two submissions to the Royal Commission on Aged Care Quality and Safety in 2019, with our initial submission being followed up by a supplementary submission focusing on workforce issues. Our submissions have highlighted:

- » the importance of allied health in the provision of quality aged care and current barriers to accessing those services in aged care
- » robust frameworks for assessment and planning that improve access to allied health services
- » ensuring that the allied health sector is engaged in design or implementation of any reforms.

In December, the Royal Commission called for additional submissions on program re-design in aged care, which saw AHPA working on its response into the new year. AHPA continues to focus on the ongoing advocacy opportunities provided by the Royal Commission proceedings and will work with the Commission team in 2020 on work focusing on the allied health aged care services.

## Digital health

The Australian Government has invested substantial public funding into development and



training for digital health platforms such as My Health Record and secure messaging. However, there has been limited funding allocated to engage and support allied health with these technologies. Without significant government support, the allied health sector and those it supports will not receive the benefits that come from having a digitally connected healthcare team.

AHPA continued to work with the Australian Digital Health Agency (ADHA), participating in digital health initiatives and representing allied health on advisory committees. We have strongly advocated for improved allied health access to digital platforms via conformant software. Other work has focused on practical activities to address some of the key barriers to digital health for allied health professionals.

AHPA secured two grants from ADHA in 2019 for projects supporting allied health practitioners to engage with digital health platforms. This work focused on research work with different professions to understand how they currently use digital health platforms and how their engagement with digital health could be improved.

### **Communities of Excellence project**

AHPA commenced work in late 2019 on an ADHA-funded project to support allied health engagement with digital health in remote communities. The Communities of Excellence project focuses on the townships of Emerald (QLD) and Port Hedland (WA) and is aiming to create fully connected communities that use My Health Record and secure messaging to support the health needs of local consumers. AHPA staff members have visited Emerald, meeting with local allied health practitioners to provide support and learn from their experiences. Improving uptake of My Health Record in these communities, and understanding of how it can support practitioners and consumers, will help guide future work on My Health Record in the allied health sector.

Together, these projects resulted in the production of digital health resources for allied health professionals including use cases, digital

health toolkits, connection guides and a series of webinars.

## **Workforce development**

While allied health professionals are an integral part of the health system, those professionals also work across the disability, aged care, education, mental health, justice and employment sectors. That diversity and the wide range of programs and funding sources that support those workforces mean that workforce planning initiatives typically lack national coordination. The increasing reliance on private practice services in conjunction with a growth in demand in areas such as disability are challenging current solutions.

AHPA has undertaken a wide range of workforce-focused advocacy activities including engagement with the Departments of Health and Veterans' Affairs, the Health and Disability Ministers, the Rural Health Minister and the National Rural Health Commissioner. AHPA has also worked with other members of the Australian Allied Health Leadership Forum (AAHLF) in relation to key advocacy areas. The main areas of focus for AHPA advocacy work include:

- » student placements in private practice and in rural and regional settings
- » funding restrictions on student participation in Medicare and DVA-funded services
- » early-career employment opportunities for new graduates and access to mentoring and supervision, particularly in regional and remote areas
- » workforce data collection for allied health professionals and increasing the ability to identify areas of workforce shortage
- » allied health assistant roles and supervision and delegation guidelines.

Workforce development will continue to be a major advocacy focus for AHPA in 2020, particularly in relation to the disability workforce and increasing access for rural and remote consumers.

# MEMBERSHIP OF AHPA

The allied health sector makes up almost a third of Australia's professional health workforce, representing a diverse range of professions working in a wide range of settings including health, mental health, disability, aged care and education. The clinical expertise and focus of those professions varies widely—from physical therapies and counselling professions to diagnostic and scientific professions such as radiography and cardiac perfusion.

AHPA membership includes both ordinary members, representing recognised allied health professions, and affiliate members, which represent professions closely aligned with allied health sector or whose membership doesn't meet AHPA criteria. The AHPA membership collectively represents some 130,000 allied health professionals, including those in registered professions that are regulated by the Australian Health Practitioners Regulation Agency (AHPRA), and those in self-regulated professions.

At the end of 2019, AHPA had 20 ordinary members and 10 affiliate members, including five new affiliate members(\*):

## Ordinary members

- » Audiology Australia
- » Australasian Society of Genetic Counsellors
- » Australian and New Zealand College of Perfusionists
- » Australian Association of Social Workers
- » Australian Chiropractors Association
- » Australian Music Therapy Association
- » Australian Orthotic Prosthetic Association
- » Australian Physiotherapy Association
- » Australian Podiatry Association
- » Australian Psychological Society
- » Australian Society of Medical Imaging and Radiation Therapy
- » Australian, New Zealand and Asian Creative Arts Therapies Association
- » Dietitians Association of Australia
- » Exercise and Sports Science Australia

- » Occupational Therapy Australia
- » Optometry Australia
- » Orthoptics Australia
- » Osteopathy Australia
- » Rehabilitation Counselling Association of Australasia
- » Speech Pathology Australia

## Affiliate members

- » Australasian Lymphology Association\*
- » Australian Counselling Association\*
- » Australian Diabetes Educators Association
- » Australian Hand Therapy Association
- » Australian Society of Dermal Clinicians \*
- » Hearing Aid Audiology Society of Australia
- » Myotherapy Association Australia
- » Pedorthic Association of Australia
- » Psychotherapy and Counselling Federation of Australia\*
- » Spiritual Health Australia\*

## Member engagement

As an organisation representing a wide range of professions working across very different settings, AHPA has identified the need to provide a variety of different engagement mechanisms to support our members to contribute to AHPA advocacy work and to strengthen their own networks. AHPA member events, member and group meetings, and other methods of communication are important benefits for members, providing opportunities to raise concerns, share information and network with fellow allied health advocates.

## Policy symposiums

AHPA holds biannual policy symposiums which bring together AHPA members' CEOs and policy staff, representatives from the jurisdiction-based National Allied Health Advisors and Chief Officers (NAHAC), and other stakeholders to discuss key policy areas. These policy events typically feature expert keynote speakers as

well as targeted workshops with members to support collaborative work to develop policy and advocacy responses.

Speakers and topics for our 2019 policy symposiums included:

### MAY

- » Dr Michelle Bennett, Lecturer at the School of Allied Health, Australian Catholic University – moving the allied health sector forward together in aged care.
- » Leanne Wells, CEO of Consumer Health Forum – working with consumers to transform healthcare for consumers and health professionals.

### SEPTEMBER

- » Dr Tony Bartone, President of the AMA – working together in the changing primary care landscape.
- » Frank Quinlan, CEO of Mental Health Australia – taking a holistic approach to the mental health ‘system’.
- » Dr Nerida Volker, Industry Relationship Lead Allied Health, Health, Wellbeing and Community Services at SkillsPoint (TAFE NSW), and Sharon Downie, Workforce Manager at Department of Health and Human Services Victoria – future workforce directions for allied health assistants

Both symposiums were well attended, with delegates covering 23 member organisations and representatives from NT Health, Safer Care Victoria, South Australian Health and Allied Health Professions Office Queensland.

### Member Collaborative Forums

AHPA also holds Member Collaborative Forum (MCF) meetings at regular intervals throughout the year to facilitate member collaboration, guide AHPA advocacy work and provide input to the Board’s strategic planning activities. These MCF meetings are the main mechanism

for our members to come together to share insights, for AHPA to consult with members around government policies and programs, and for AHPA to provide feedback from external meetings and communications with government representatives and agencies.

MCF meetings are an important forum for members to highlight issues they are dealing with, allowing AHPA to identify commonalities and to facilitate further consultation, advocacy or advice. A total of five MCF meetings were held in 2019. AHPA undertook specific advocacy and member support work in relation to:

- » Delaying the implementation of the DVA Treatment Cycle Initiative
- » Professional standards for health professions, leading to the commissioning of legal advice to support members in refining their professional Codes of Conduct.

### Working groups

AHPA relies on the specific expertise that our members can contribute to AHPA policy development and advocacy activities. Our working groups are an important mechanism for interacting with subject matter experts across our member associations and for connecting through to the individual working and interest groups of our members. AHPA working groups meet regularly to discuss development of submissions, position statements and advocacy campaigns. Participants consist of key staff and practitioner representatives from member associations who are able to provide detailed knowledge and experience in the subject matter area.

In 2019, our working groups provided advice in the following areas:

- » NDIS working group – the NDIS Commission’s NDIS Capability Framework, the NDIA pricing review, AHPA’s NDIS registration support website.
- » Aged care working group – the RUCS consultation and AN-ACC trial, the government’s aged care funding reform

working group, the Royal Commission into Aged Care Quality and Safety.

- » Digital health working group – ADHA workshop on digital health initiatives, input into profession-specific content and collateral for My Health Record.
- » AHPA rural and remote committee – the development of a rural allied health strategy by the National Rural Health Commissioner
- » MBS Review working group – responses to relevant Reference Group, Committee and Taskforce reports.

### National Allied Health Conference

The 13th National Allied Health Conference (NAHC) was held in Brisbane in August, providing a key opportunity for professionals from a wide range of allied health disciplines to come together. AHPA supported the conference through participation in the Organising Committee. The NAHC is an important biennial conference that promotes sharing of allied health data, discussion of current and emerging issues, and strategies to drive and shape the future of allied health. This year was the first time AHPA had an exhibition booth, which provided an opportunity to increase awareness of AHPA with allied health professionals and to seek insights from delegates on their key concerns for the sector.



Claire Hewat with member CEO and AHPA Vice Chair Antony Nicholas at the 2019 National Allied Health Conference AHPA booth

## Surveys

AHPA collects data from its members periodically to help us understand our members and how we can better meet their advocacy and organisational support needs. During 2019, AHPA collected targeted workforce data from our member organisations and undertook a member satisfaction survey.

The member satisfaction survey provided valuable feedback, which was largely positive, indicating that we are providing significant member value. Approximately 80% of our members had participated in AHPA events/ meetings in the preceding 12 months, and the majority of members found AHPA events ‘valuable’ and were ‘very satisfied’ with AHPA’s advocacy activities.

## Communications

### Member communications

In March, AHPA launched its electronic Member Update, which is now distributed on a fortnightly basis. The update includes AHPA news, resources, information from external stakeholders, funding opportunities and current consultations. The membership survey showed this initiative had been well received and provided valuable information to members, with more than 70% of members reporting that they use content from the Member Update in communications to their own members.

AHPA’s member portal *ahpaonline* continues to offer a secure platform for member discussion, sharing papers for Member Collaborative Forums, supporting working groups and providing links to items for the Member Updates.

### Website and social media

Due to the size and diverse nature of the allied health sector, AHPA identified the need to build its online and social media presence to support more effective engagement with the broader allied health sector. A range of new

and expanded communications activities were undertaken in 2019, focused on expanding information sharing via our website and on stronger use of Twitter.

The News & Events section on the AHPA website includes announcements on government programs and insights on how these affect allied health. The Advocacy section shares AHPA’s submissions with the aim of increasing the understanding of issues and opportunities for allied health professionals in relation to government policy.

As a result of this work, use of the AHPA website has continued grown significantly. The number of visitors to the website doubled in 2019, with 176,773 users (a 100% increase on 88,458 in 2018). The number of page views on the AHPA website in 2019 was 392,817 (an increase of 68% on 234,313 in 2018). Both measures demonstrate we are attracting more visitors to our website and those visitors are viewing more of our content.

The AHPA Twitter channel also benefited from the increased focused on engagement of key stakeholders via social media, and expanded promotion of the role and importance of allied health. In conjunction with expanded sharing of information relevant to members and practitioners, this has resulted in strong growth in engagement. A highlight for AHPA and our members was participating in the international social media event for Allied Health Professions day in October.

AHPA’s Twitter account achieved 171,000+ impressions during 2019 (more than 12 times the number of impressions in 2018). AHPA’s following also grew by more than double and at the end of 2019 AHPA had almost 500 followers (460) – mostly individuals, organisations and government agencies directly involved in allied health services.



# GOVERNANCE

## Constitution

In 2018, AHPA CEO Claire Hewat undertook a ‘listening tour’ with members. This informed a range of governance changes, including a review of the AHPA constitution. The new constitution was endorsed by the membership in February 2019 with several key changes focused on updating membership criteria and the structure of the AHPA Board.

Changes to AHPA’s membership criteria introduced a two-tiered structure of ordinary members and affiliate members. The category of ‘friends’ (who were not members) no longer exists. The new structure has allowed for inclusion of, and better engagement with, organisations that were previously classified as friends and those who do not meet the criteria for ordinary membership.

The changes to the board structure were significant and brought into line with current best practice. The previous board consisted of a director nominated by each member organisation; prior to the last annual general meeting there were 15 directors. The board structure is now smaller (between seven and nine directors), skills-based and focused on governance. The new structure also accommodates the inclusion of independent directors who can bring additional skills to the AHPA Board.

## Board

At the annual general meeting in April, the new AHPA Board was announced. In July, AHPA farewelled existing Chair Cris Massis, following his resignation as CEO of the Australian Physiotherapy Association. Gail Mulcair was subsequently elected as Chair, with Antony Nicholas appointed as Vice Chair and Frances Mirabelli filling the casual vacancy. Craig Anderson joined the Board in September as AHPA’s first independent director.

The current AHPA Board consists of:

- » Gail Mulcair
- » Antony Nicholas
- » Leigh Clarke
- » Anita Hobson-Powell
- » Sally Kincaid
- » Nello Marino
- » Frances Mirabelli
- » Craig Anderson

## Office

AHPA’s team has expanded to meet increased consultation requests and the growing need for advocacy and member support activities. During 2019, AHPA employed a Policy Officer and an Administrative Assistant to support our Manager of Policy and Communications and Manager of Member and Corporate Services. These part-time contract positions are supported through increased grant funding secured in 2019.

AHPA has also moved to a new office to accommodate the larger team of five staff members. Our new location is at Level 8/350 Collins Street, Melbourne.



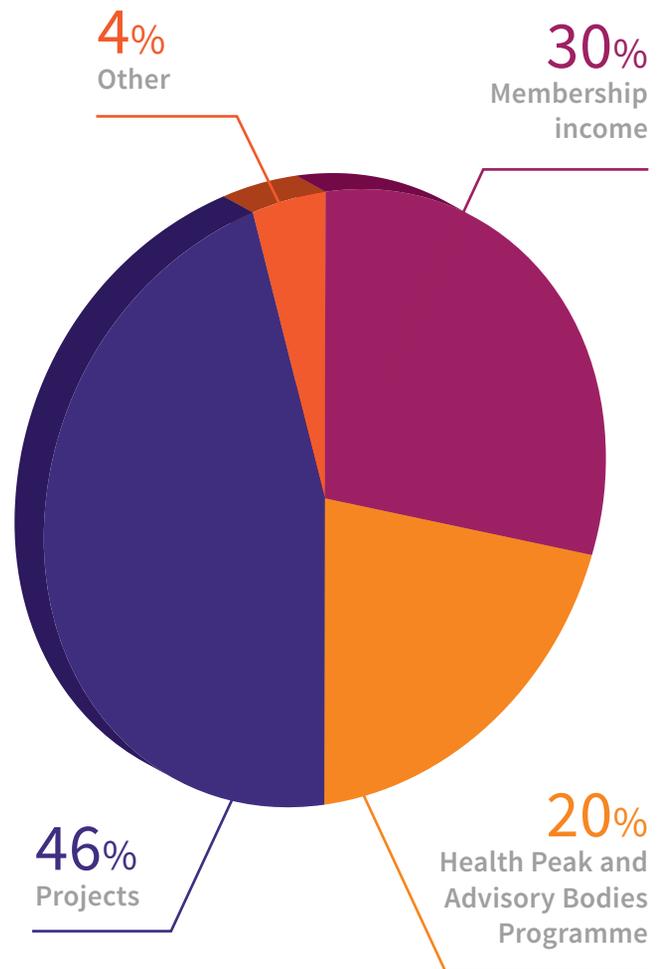
# FINANCIAL OVERVIEW

AHPA has concluded the 2019 year with a strong surplus result, a testament to prudent financial management on behalf of members, a growth in membership income, and our funded project engagement with both the National Disability Insurance Agency and the Australian Digital Health Agency. The Audited Financial Statements show a net surplus after tax of \$75,628 (2018: \$35,788).

AHPA's core funding is derived from membership fees and grant funds received from the Australian Government's 'Health Peak and Advisory Bodies Programme'. In 2019 the grant funding was extended un-adjusted for a further 3-year period to June 2022. Together with specific project funding, revenue is used to support advocacy activities, specific project deliverables and member services. There has been a steady growth in demand for AHPA's representation and advice across the health, disability, aged care, veteran, and community service sectors. AHPA will continue to strive for a growth in revenue to create capacity to meet this demand, and ultimately enable improved access to allied health services for consumers.

Developing a sustainable resource base is one of AHPA's strategic objectives. In 2019, the organisation was able to significantly increase retained earnings, with these increasing from \$358,929 (2018) to \$434,557. Members and potential funders can be assured that AHPA is managed well and positioned to continue to provide strong representation for allied health professions across all sectors in which they participate. Retained earnings put AHPA in a sound position for the rest of 2020 and into 2021 despite the difficult economic circumstances facing the Australian economy.

We gratefully acknowledge the financial support provided by the Department of Health, and the continued support and endorsement of AHPA members.





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