



**Allied Health  
Professions  
Australia**

# **Year in Review 2020**



# Contents

|                                           |           |
|-------------------------------------------|-----------|
| <b>From the Chair</b> .....               | <b>3</b>  |
| <b>About AHPA</b> .....                   | <b>4</b>  |
| <b>2020 Highlights</b> .....              | <b>5</b>  |
| <b>Advocating for Allied Health</b> ..... | <b>6</b>  |
| <b>Key Advocacy Areas</b> .....           | <b>8</b>  |
| <b>Submissions</b> .....                  | <b>12</b> |
| <b>Representation</b> .....               | <b>13</b> |
| <b>Membership</b> .....                   | <b>14</b> |
| <b>Governance</b> .....                   | <b>17</b> |



# Year in Review 2020

Looking back on 2020, it's hard to believe the enormous disruption and challenges that we all had to face. After one of Australia's worst bushfire seasons ever, a global pandemic stopped us all in our tracks. Along with other industries, the allied health sector was in uncharted territory.

The COVID-19 health crisis dominated 2020 and the rapid changes and barriers to providing necessary allied health services during the pandemic were on everyone's minds. However, I believe this is where AHPA shone, providing consistent leadership and advocacy to keep allied health at the forefront of policy considerations, and supporting collaboration within the membership through difficult operational transitions.

AHPA's advisory role to governments, both directly and through focused advisory groups, saw allied health recognised as essential services during the pandemic and included in key initiatives such as telehealth expansion and development of PPE protocols relevant to allied health. It also saw key strategic objectives, building on previous advocacy work, come to fruition, such as the appointment of the first dedicated Commonwealth Chief Allied Health Officer in the Department of Health.

Another flow on effect of the pandemic has been the opportunity to work more closely and effectively with the chief allied health officers and advisors in the states and territories, both individually and collectively, and we look forward to building upon these firm connections

The collaborative work undertaken through AHPA became our greatest strength, both in terms of focused advocacy work and membership support. As a result, despite the challenges, 2020 saw increased momentum in our advocacy, project management, research and collaboration and professional education activities.

AHPA has played an important role in directly communicating government positions on allied health issues to members and streamlining information to ensure key points are understood and passed on to the allied health workforce.

Along with COVID-19, coverage of the Royal Commission into Quality and Safety in Aged Care saw an increased public awareness of allied health.

This included a greater awareness of what it means to not be able to access allied healthcare, whether due to COVID-19 lockdowns or a lack of funding.



Continued work related to disability services, particularly NDIS, has also heightened opportunities to strongly advocate for the critical role and contribution of allied health to those living with disability. And while not yet completed, AHPA's direct representation on the Commonwealth's Primary Health Reform and 10 Year Plan Steering Group, has positioned allied health to have greater recognition as important members of primary health teams.

These are all important steps, but they are just the beginning. The work of AHPA is now even more important. We must work to ensure the initiatives that have resulted from COVID-19 are embedded and not lost, to support data collection on allied health workforce and outcomes, to support those in newly appointed allied health leadership positions implement effective policy measures, and to raise greater public awareness of allied health and the barriers to accessing evidence-based allied health care.

I would like to take this opportunity 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. We acknowledge the Commonwealth Department of Health for their support through peak body funding. And finally, I would like to thank each of the Board Directors for their support and assistance, in particular Antony Nicholas, as Deputy Chair and Chair of the Governance and Risk Committee, and Anita Hobson-Powell as Chair of the Finance and Audit Committee. And my thanks also to all of the Member Organisations – it is through strength and collaboration that we will continue to influence and achieve on behalf of the more than 250,000 allied health professionals.

**Gail Mulcair**  
AHPA Chair

# About AHPA

AHPA is the recognised national peak association representing Australia's allied health professions.

AHPA advocates for the important role of allied health professionals in health care, mental health, aged care, disability, education, rehabilitation, social services and more. Allied health professionals make up the second largest workforce in Australia's healthcare system after nurses, but this is not reflected proportionally in government policy development nor investment in allied health workforce and services.

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's key objectives are to:

- Advocate for better access to allied health services to drive better consumer outcomes.
- Lead and support a strong member collaborative to grow the voice of allied health.
- Develop a sustainable resource base to support the growing allied health industry .



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# 2020 Highlights

- Welcomed the first dedicated Commonwealth Chief Allied Health Officer in the Department of Health after advocating for such a position for many years.
- Successfully advocated for inclusion of allied health in 'essential' services that could operate during state and federal COVID-19 restrictions.
- Successfully advocated for inclusion of allied health services in the federal government's MBS telehealth initiative in response to COVID-19.
- Facilitated face-to-face and virtual meetings of our membership with key Department of Health figures, including the Minister for Health and newly appointed Commonwealth Chief Allied Health Officer and National Rural Health Commissioner.
- Represented allied health on committees informing the government's 10-year National Long Term Health Strategy, including the Primary Health Reform Steering Group and the Expert Steering Committee for Preventive Health Strategy.
- Represented allied health on a range of COVID-specific government advisory groups.
- Appeared at the Royal Commission on Quality and Safety in Aged Care on behalf of allied health.
- Joined key alliances promoting consumer health and clinical knowledge sharing during the pandemic such as the Continuity of Care Collaboration and the National COVID-19 Evidence Taskforce.
- Facilitated projects to better understand and support the role of allied health e.g. Communities of Excellence and digital health engagement (ADHA), infection control guidance for allied health settings (Department of Health), telehealth implementation and outcomes (University of Melbourne), NDIS registration support website (NDIA), NDIS independent assessments (NDIA).
- Contributed to submissions and advocated in the areas of disability and NDIS, digital health, rural health, primary care, aged care, mental health, veterans' affairs and workforce data collection.
- Moved Member Collaborative Forums to virtual meetings for continued member engagement and support throughout the COVID-19 pandemic.

# Advocating for allied health

Throughout 2020, and particularly during the pandemic, AHPA was busy providing advice to governments and advocating on issues relating to allied health.

COVID-19 and government public health measures in response to the coronavirus had significant impacts on the allied health sector in 2020, affecting consumer access to allied health services and the ways in which providers delivered those services. Some decisions affecting allied health were made with limited understanding of the sector or of the work of allied health professionals in settings outside a traditional health structure.

AHPA's consultation with members was crucial to understanding those impacts and how reduced community access to important allied health services could be managed safely. As our membership continues to grow, so does our consultation base within the sector.

Despite the challenges that COVID-19 presented, there were some important positives for both AHPA and allied health.

Australia's response to the health crisis raised awareness of the role of allied health professionals in multidisciplinary care across a range of settings, including:

- Diagnostic and therapeutic roles in the acute care of COVID-19 patients;
- Primary care and management of chronic disease in the face of social restrictions;
- Mental health care;
- Rehabilitation both in recovery from COVID-19 and following suspension of usual health care during lockdowns;
- Maintenance of physical and mental health in aged care.

The pandemic response also highlighted opportunities for immediate and future initiatives for allied health and saw some important policy objectives brought forward. This provided opportunities for AHPA to strengthen relationships with key government figures and health department representatives and federal and state/territory levels.

While much of our work in 2020 was focused on the pandemic response, this was still in the context of our priority advocacy areas, where AHPA works to support and influence government policy initiatives that affect the allied health sector. AHPA continues to engage with key government and other stakeholders on a broad range of advocacy issues identified by our members and the allied health community.

## Political engagement

With its strong networks and member engagement mechanisms, AHPA has continued to provide the Australian Government with collective advice on behalf of the allied health sector in a range of areas including primary care, aged care, rural and remote health, and disability. Advice has been provided both in and beyond the context of COVID-19.

Prior to the outbreak of COVID-19 in Australia, AHPA and member representatives attended a very positive meeting with the federal Health Minister, Greg Hunt MP. Our call for allied health leadership at the national level resulted in key appointments later in the year and other issues discussed are now being progressed through channels such as the government's Primary Care Steering Committee.

During the COVID-19 health crisis, AHPA has been uniquely placed to provide feedback on the impact of the pandemic on the allied health sector and the effectiveness of the government's response. This has strengthened our existing relationships with the Department of Health and other federal departments and resulted in AHPA being invited to advisory groups where allied health has not previously been considered. Throughout the pandemic, AHPA has worked closely with the Department of Health, the NDIS Commission, the National Disability Insurance Agency, and individual jurisdictions to advise on and support responses to COVID-19.

AHPA has consulted the sector and provided advice to governments on issues such as:

- Telehealth implementation and guidelines for allied health services.
- Defining 'essential' services and distribution of accurate guidance to allied health professionals and consumers.
- Inclusion of self-regulating professions in measures for the allied health sector.
- Infection control protocols for allied health professionals in primary care settings.
- Distribution of personal protective equipment to allied health professionals in primary care setting.
- Planning for rehabilitation for COVID-19 survivors and other consumers who were unable to access rehab services during restrictions.
- Limitations on workforce mobility during border closures.

# Advocating for allied health

This advice has been provided directly to government representatives and through the following COVID-19 advisory groups:

- Department of Health – COVID-19 Primary Care Response Group;
- Department of Health – Allied Health Consultative Group (through membership of the Australian Allied Health Leadership Forum);
- Department of Health – Rural and Remote Health; Stakeholder Special Roundtable on COVID-19;
- Department of Health – Advisory Committee for the COVID-19 Response for People with Disability;
- Department of Health – Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group;
- NSW Health – COVID-19 Communities of Practice Primary Care Group.

## Alliances

In addition to direct advocacy, AHPA works through its alliances to highlight the value and importance of allied health services for Australians. In 2020 we continued to act through our membership of:

- Consumers Health Forum of Australia;
- National Rural Health Alliance;
- National Aged Care Alliance;
- Migrant and Refugee Health Partnership.

The pandemic brought opportunities to act through new alliances. These included the Continuity of Care Collaboration, which urged Australians not to neglect their ongoing healthcare during COVID-19, and the National COVID-19 Clinical Evidence Taskforce, which brings together health professional groups to continuously update guidelines for clinical care of patients with COVID-19.

## Allied health leadership

AHPA and our members have long advocated for a dedicated Chief Allied Health Officer at the national level. In July, AHPA welcomed the appointment of Dr Anne-marie Boxall as Commonwealth Chief Allied Health Officer by the Department of Health.

Also in July, AHPA welcomed the newly appointed National Rural Health Commissioner, Associate Professor Ruth Stewart, following the extension of the National Rural Health Commissioner's Office in June. It is anticipated that the Commissioner will soon be supported by two Deputy Commissioners, including one focused on allied health.



# Key advocacy areas

## Primary and preventive care

Despite a strong focus on the frontline and acute care response to coronavirus in 2020, there were also enormous efforts undertaken in the areas of primary care and preventive health. These centred around reducing the risk of infection of healthcare workers and patients and reducing the impact of the pandemic on continuity of care. In addition to its advocacy and government advisory roles on those COVID-19 related issues, AHPA continued to engage in ongoing policy work such as Medicare and private health care reform, and government planning for Australia's long-term health.

## Department of Health advisory committees

AHPA has been advocating for the role of allied health in primary and preventive care through its representation on the government's Primary Health Reform Steering Group and Expert Steering Committee for Preventive Health Strategy. Both groups are advising the Department of Health on the government's Primary Health Care 10-Year Plan and the National Preventive Health Strategy, which support Australia's National Long Term Health Strategy.

Through these groups AHPA is focusing on the following aspects in primary and preventive care settings:

- Greater understanding of the role of allied health including in prevention and early intervention.
- Better integration of allied health in multidisciplinary care.
- Models of service delivery and funding that support allied health involvement.
- Capture of allied health data e.g. interactions and outcomes.
- Maximising the potential of digital health for allied health to support both treatment and prevention.

## MBS Review

The Medical Benefits Schedule (MBS) Review of more than 5,700 Medicare items was completed by the Department of Health in late 2020. Despite AHPA's numerous submissions on behalf of allied health, and recommendations on allied health items by the Allied Health Reference Group and other clinical committees, the final MBS Review Taskforce Report rejected many of the recommendations relating to allied health. This has significant implications for equitable access to allied health services and other work in primary care and will be an important focus for AHPA and its members in 2021.

## Private health insurance

AHPA has been working closely with the Department of Health and with private health funds to raise awareness of the potential for allied health in preventive health care and chronic disease management. The early stages of the pandemic saw private health funds agree to support telehealth delivery of allied health services, following the Australian Government's expansion of Medicare-funded telehealth allied health. There are also opportunities for greater involvement of allied health in private health funds' proposed hospital substitution for orthopaedic and mental health rehabilitation, and more accessible home and community-based care when clinically appropriate.

## Infection control

Through its membership of the Australian Allied Health Leadership Forum, AHPA facilitated involvement of professional associations in Department of Health projects to develop COVID-19 infection control protocols for allied health professionals in primary healthcare settings.

One Department-led project focused on the 'physical therapies' i.e. physiotherapy, chiropractic, osteopathy and exercise physiology. A parallel project, managed by AHPA, involved the following professions: audiology, occupational therapy, optometry and orthoptics, orthotics/prosthetics, podiatry, speech pathology, medical imaging/radiation therapy.

These projects resulted in the development of specific infection control guidance, including reports and checklists, to support allied health practitioners and reduce virus transmission rates while working in the context of COVID-19. This guidance will also be embedded in allied health student training.

PPE needs for allied health and access to that especially in the private sector were a significant challenge early in the pandemic. Once again AHPA's strong advocacy saw government recognition of the needs and greatly improved access.

# Key advocacy areas

## Disability

AHPA with the support of its members has been heavily engaged in the area of disability responding to a range of consultations and workshops and providing feedback to the NDIA, the NDIS Safety and Quality Commission, the Department of Social Services (DSS) and the Department of Health.

### NDIS workforce capability framework (WCF)

AHPA has been providing advice to the development of the WCF which aims to provide national, sector-wide guidance about the behaviours, attributes and knowledge (i.e. capabilities) workers are expected to display when providing supports and services to participants under the NDIS. This will assist allied health practitioners and students to deliver effective, appropriate services to NDIS participants.

### NDIS functional assessments

AHPA was approached by the NDIA, after the introduction of pilot studies, to undertake a project to determine qualifications, training requirements and potential quality assurance options for six allied health professions deemed to be suitable to undertake functional assessments to determine access to the NDIS. AHPA made several recommendations to the NDIA and requested further work be undertaken.

### NDIS Registration Support

AHPA completed the delivery of the training modules for NDIS registration website in early 2020 adding webinars to support website resources. Promotion of this resource continued throughout the year.

### DSS workforce strategy

AHPA attended several consultations with DSS to inform the development of the NDIS workforce strategy particularly in respect to addressing thin markets and opportunities for supporting student training in NDIS providers to ensure there is a pipeline of allied health professionals to address the growing need and to fill gaps where they exist.

### Healthcare for people with intellectual disability

People with intellectual disability are known to have more adverse and unsatisfactory encounters with mainstream health systems than the rest of the population. AHPA was pleased to be part of targeted consultations to consider more effective training of students of all health professions and CPD for existing professionals as well as better systems approaches to improve outcomes for patients with intellectual disability.

## Pricing

AHPA has advocated strongly for increased rates for allied health services provided under the Department of Veterans' Affairs and met with Minister Darren Chester about this in 2019. DVA pricing was to be considered as part of the treatment cycle initiative (TCI) review. The review was delayed due to COVID-19 and the consultation phase extended to February 2021. However, this remains an important issue for AHPA and AHPA member organisations.

## Service data

In response to COVID-19, DVA followed the lead of Medicare and approved funding for telehealth delivery of allied health services early in the pandemic. Initially, only aggregated data was being collected for all allied health professions and services. However, AHPA and several of our members successfully advocated for further data to be captured using separate item numbers for different professions. Such data will contribute to the understanding of how allied health services were used during the pandemic.

## Rehabilitation

With the recovery needs of COVID-19 patients, more complex needs of people whose healthcare was put on hold during the pandemic, and the ongoing need for rehabilitation and reconditioning in aged care and veterans' services, AHPA expects there will be an increased demand for rehabilitation services in 2021.

Allied health professionals will play a large part in this rehab, but the allied health sector will need to be properly supported to ensure adequate access to services. AHPA has been working with the Department of Health, independently and through its membership of AAHLF, to ensure that planning for the next phase of the health response to coronavirus includes rehabilitation as well as vaccination.



# Key advocacy areas

## Rural and remote health

AHPA worked closely with the Office of the National Rural Health Commissioner to provide advice on the needs of the rural and remote allied health workforce, leading up to the publication of then-Commissioner Professor Paul Worley's report on 'Improvement of access, quality and distribution of allied health services in regional, rural and remote Australia'. This report was submitted to the Minister for Regional Health, Regional Communications and Local Government, Mark Coulton MP outlining a national strategy for improving access to healthcare for Australians outside metropolitan locations.

One of the key recommendations to come out of this report was the creation of a Commonwealth Chief Allied Health Officer, which has since come to fruition.

AHPA has since been working with the new National Rural Health Commissioner, Professor Ruth Stewart, on the implementation of other recommendations. We also anticipate the appointment of Deputy Rural Health Commissioners to include a role focusing on rural and remote allied health.

AHPA and other allied health representatives have been involved in planning meetings for SA Health rural and remote workforce planning. South Australia is the first state to begin work on a rural workforce strategy and we expect others will follow suit.

## Aged care

### Funding reform

AHPA contends that the provision of allied health services is an integral part of aged care, rather than simply an interface between aged care living support and healthcare. As such, the allied health workforce is also an integral part of aged care and must be considered in any plan for aged care funding reform.

AHPA has been advocating for significant reform in residential aged care funding and we welcomed the announcement of a trial of the Australian National – Aged Care Classification (AN-ACC) funding model in October, following a successful initial pilot. This will begin with the important step of undertaking independent care assessments for all new and existing permanent residential aged care recipients using the AN-ACC assessment tool.

## Aged Care Royal Commission

AHPA has also been active during the Royal Commission into Quality and Safety in Aged Care, making several submissions and giving evidence at a hearing focusing on allied health in July.

In December, we welcomed the Australian Government announcement increasing Medicare-funded access to allied health services as part of its response to the Royal Commission's recommendations on COVID-19 in residential aged care. AHPAs advice strongly shaped how this response was developed. The emergency funding through the MBS will allow aged care residents to access mental health services through the Better Access initiative for the first time. It will also support improved services under the Chronic Disease Management program and respond to the acute need to rebuild physical condition in many residents who have been confined during COVID-19.

With the Royal Commission's final report due out in March 2021, AHPA expected that the report would include recommendations around allied health. We must continue to work to ensure any recommendations are accepted and implemented, and that the temporary measures (in place until June 2022) are embedded as part of ongoing care.

## Mental health

The Productivity Commission report on mental health recognised that mental health reform in Australia is urgently needed. The pandemic highlighted this need further and resulted in several government initiatives to improve access to care from mental health professionals including psychologists, occupational therapists and social workers.

These initiatives include Medicare-funded access to allied health mental health services via telehealth, an increase in the annual number of Medicare-funded mental health sessions from 10 to 20 sessions through the Better Access program, and access to the Better Access program for older Australians in residential aged care.

AHPA welcomed the additional funding for mental health programs in response to COVID-19. However we continue to advocate a broader approach to mental health care and prevention. The current narrow definition of mental health services overlooks the role of allied health professions providing primary and preventive physical health care in supporting mental health.

# Key advocacy areas

## Digital health

### Telehealth

AHPA has long advocated for greater access to allied health services via telehealth and there is strong evidence for the use of telehealth practice by allied health practitioners.

In March, AHPA welcomed the expansion of Medicare-funded telehealth to include allied health mental health and other allied health services as part of the Australian government's COVID-19 response. Social restrictions during the pandemic saw a major shift in the delivery mode of allied health services from in-person to telehealth, including via telephone and videoconference. Data suggests that allied health professionals used relatively high rates of video conference, particularly in comparison to their GP colleagues.

To support allied health practitioners to transition to telehealth, AHPA published its 'Telehealth guide for allied health professionals'.

AHPA has collaborated in several Allied health telehealth evaluation activities and has partnered in a major study lead by the University of Melbourne evaluating allied health telepractice during COVID19.

AHPA is advocating for continued funding for telehealth delivery of allied health services beyond the pandemic, and for this to be embedded in Australia's healthcare approach for the future.

### Digital health platforms

AHPA continues to work with the Australian Digital Health Agency (ADHA) to improve engagement of allied health professionals with digital health platforms. Many multidisciplinary health initiatives assume that all health professionals have access to integrated technology systems such as My Health Record. However, most are unable to contribute to My Health Record due to a lack of compatible software.

Our work with the ADHA includes two projects focused on increasing allied health use of My Health Record as part of 'connected care' in remote communities (the Communities of Excellence project) and identifying minimum standards for developing fit-for-purpose allied health software.

COVID-19 travel restrictions limited project work in Emerald (QLD), Hedland (WA) and the new site of East Arnhem (NT). However, work continued on the software landscape analysis, including a survey to understand use of digital health technologies by the allied health sector.

During 2019 and 2020 AHPA developed and updated a range of digital health resources designed to help allied health professionals access My Health Record and other platforms such as secure messaging.

### Workforce

AHPA continues to advocate for data collection on the allied health workforce to support a government-led national workforce strategy for the sector. This is emphasised in our work on workforce issues across key advocacy areas. In addition, 2020 saw specific workforce issues arise and these were also addressed by AHPA.

### Essential services

Early in the pandemic, social restrictions included the shutdown of 'non-essential' services. AHPA worked closely with the Health Minister and Department of Health to ensure the value of ongoing access to allied health was understood and that allied health practices could continue to operate and provide essential health services to consumers.

Subsequent lockdowns in different jurisdictions and border closures saw AHPA also working with state and territory governments to maintain consumer access to allied health services and to facilitate the dissemination of specific, up-to-date information for the allied health sector.

### Definition of allied health

COVID-19 highlighted the need for a consistent approach to allied health across jurisdictions, particularly in emergency situations such as a pandemic. AHPA has advocated strongly for a clear and consistent definition of allied health, including professions to be considered 'allied health', as part of essential services for future crisis responses. This work has met with positive responses and we are hopeful that such a definition will be determined soon. A definitive list of allied health professions to be considered as part of pandemic responses was signed off out of session by the AHPPC.

### Allied Health Assistants

AHPA recognises the important role of allied health assistants in supporting the work of allied health professionals through delegation. AHPA holds a seat on the Victorian DHHS AHA Workforce Plan Steering Committee and is engaging more broadly on the roles and training of AHAs.

# Submissions

## Submissions to open consultations

### Primary and Preventative Health

Department of Health - Primary Care 10 Year Plan, LGBTIQ+ issues  
Medical Benefits Schedule (MBS) - Review Wound Management Working Group Report  
Royal Australian and New Zealand College of Radiologists - Establishing and sustaining regional and rural radiation therapy centres  
Department of Health - National Injury Prevention Strategy

### Aged Care

Australian Institute of Health and Welfare - National Health Information Strategy  
Australian National Audit Office - Implementation of the My Health Record system  
Aged care Aged Care Royal Commission - Initial submission  
Aged Care Royal Commission - Aged care program redesign  
Aged Care Royal Commission - Supplementary submission on program redesign  
Aged Care Royal Commission - Supplementary submission on workforce issues  
Australian Commission on Safety and Quality in Health Care  
Quality Use of Medicines and Medicines Safety in Aged Care  
Department of Health Aged care worker regulation

### Mental Health

Productivity Commission Draft report on mental health

### Disability

Department of Social Services National Disability Strategy  
Joint Standing Committee on the NDIS Inquiry into the NDIS Workforce  
Joint Standing Committee on the NDIS Inquiry into Operation of the NDIS Commission  
NDIS Commission Restrictive Practices Guide  
Queensland Productivity Commission Inquiry into the NDIS

### Other

Treasury - Pre-budget submission for 2021-2022 Federal Budget

## Submissions to closed/invited consultations

### COVID-19

Senate Select Committee - Inquiry into the Government response to COVID-19

### Primary and Preventative Health

Department of Health - Primary Care 10-Year Plan Consultation – GPs  
Department of Health - Primary Care 10-Year Plan Consultation – Disability  
Department of Health - Primary Care 10-Year Plan Consultation – private health insurance  
Department of Health - Primary Care 10-Year Plan Consultation – LGBTIQ+ issues  
Cancer Council - Optimal Cancer Care Pathways  
Australia and New Zealand - Child Myopia Working Group Child myopia and allied health

### Aged Care

Aged Care Royal Commission - Response to Counsel Assisting submissions on workforce  
Aged Care Royal Commission - Response to draft propositions for allied health and mental health

### Mental Health

National Mental Health Commission - Vision 2030 Blueprint and Roadmap for Mental Health and Suicide Prevention  
PWC for Federal Dept of Health - Connected Mental Health Services

### Disability

NDIS Commission/Bendelta - NDIS Capability Framework  
NDIS Commission - Early childhood consultation

### Hearings

Aged Care Royal Commission, Melbourne hearings (virtual)  
Mental health, oral health and allied health care  
Disability NDIA Pricing Reference Group  
Joint Standing Committee on the NDIS Workforce issues

# Representation

## Primary and Preventative Health

AIHW: Primary Healthcare Advisory Committee  
Diagnostic Imagery Advisory Committee  
DHS Stakeholder Consultative Group  
DVA Providers Forum  
Migrant and Refugee Health Partnership Council  
National Preventive Health Strategy Expert Steering Committee  
Primary Health Reform Steering Group

## Aged Care

AISC: Aged Services Industry Reference Committee  
Aged Care Funding Reform Working Group  
APS: Training package for allied health staff treating Mental Health issues in aged care - ERG  
National Aged Care Alliance

## Allied Health

Allied Health Assistants Project – VIC Health and Monash University  
Allied Health Leaders Strategic Advisory Group (VIC DHHS)  
Australian Allied Health Leadership Forum\*  
National Allied Health Conference Organising Committee

## Covid-19

Covid-19 Allied Health Consultative Group  
Covid-19 Primary Care Response Group  
Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group  
Management & Operational Plan for Covid-19 for people with disability  
National COVID-19 Evidence Taskforce Guidelines Committee  
National COVID-19 Evidence Taskforce Steering Committee

## Digital Health

ADHA Aged Care Integration WorkingGroup (overlap with Aged Care??)  
National Clinical and Community Advisory Group  
NHSD Data Governance Steering Committee

## Disability

AISC: Disability Industry Reference Group  
National Assistive Technology Alliance  
NDIS Capability Framework Steering Group  
NDIS Commission Industry Consultative Committee  
NDIS Industry Reference Group  
NDIS Market Oversight Advisory Group

## Public Health

IHPA Clinical Advisory Committee  
IHPA Mental Health Working Group  
IHPA Sub-acute Care Working Group

## Quality Standards

ACSQHC: Primary Care Committee  
ACSQHC: Safety Culture Management EAG  
ACSQHC: General Practice Accreditation Coordinating Committee  
ACSQHC: National Safety & Quality Primary Health Care Standards Advisory Committee  
Australian Council on Healthcare Standards

## Rural and Remote

ACCRM Rural and Remote Digital Innovation Group  
National Rural Health Alliance  
National Rural Health Stakeholder Roundtable

# Membership

Allied Health Professions Australia's membership consists of associations that represent a specific allied health profession (Ordinary Members) or associations that represent either a modality of practice involving allied health, emerging professions which are working towards recognition, or groups which are otherwise aligned with allied health (Affiliate Members).

The AHPA membership collectively represents some 135,000 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 2020, AHPA had 20 ordinary members and 12 affiliate members, including one new ordinary member and two new affiliate members(\*):



## Ordinary members

Audiology Australia  
Australasian College of Paramedic Practitioners\*  
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  
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  
Australasian Pacific Play Therapy Association\*  
Australian College of Audiology\*  
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  
Podiatric Association of Australia  
Psychotherapy and Counselling Federation of Australia  
Spiritual Health Association

# Membership

## Member engagement

Social restrictions brought in as part of Australia's coronavirus response restricted the ways AHPA could engage with members during 2020. AHPA quickly adapted its operations and processes and drew on its strong member relationships to transition effectively to alternative digital arrangements. As a result, AHPA was able to maintain regular contact with members throughout the pandemic in relation to health policy developments.

## Member Collaborative Forums

AHPA holds regular Member Collaborative Forum (MCF) meetings to facilitate member collaboration and support AHPA's advocacy work. In February, AHPA held the only face-to-face MCF meeting for 2020 before moving to online meetings in response to COVID-19.

Virtual meetings provided an opportunity to meet more regularly, allowing AHPA to quickly pass on rapidly changing policy developments during the pandemic and to gather feedback from members on the potential implications on consumers and practitioners.

The online forums were well attended, with the flexibility for member representatives across the country to attend and opportunities to meet the new Chief Allied Health Officer and National Rural Health Commissioners.

## Working groups

AHPA working groups focus on key policy areas and provide valuable ongoing input into AHPA's advocacy activities. Working groups consist of member representatives with expertise in specific areas, including association policy staff, academics and practitioners with relevant experience.

In 2020, our working groups provided advice and informed AHPA consultation responses in the following areas: NDIS working group – NDIS workforce frameworks and consultations, the National Disability Strategy, operation of the NDIS Commission. A subset of this working group was established to focus on early childhood issues.

- Aged care working group – aged care funding reform, the Royal Commission into Aged Care Quality and Safety, aged care workforce regulation.
- Digital health working group – allied health use of digital health platforms, digital landscape analysis for allied health software.
- AHPA rural and remote committee – rural workforce issues in support of our membership of the National Rural Health Alliance of which AHPA holds a directorship on which our representative has been elected to the board.

A Mental Health Working Group was formed at the end of 2020 and will begin work in the new year.

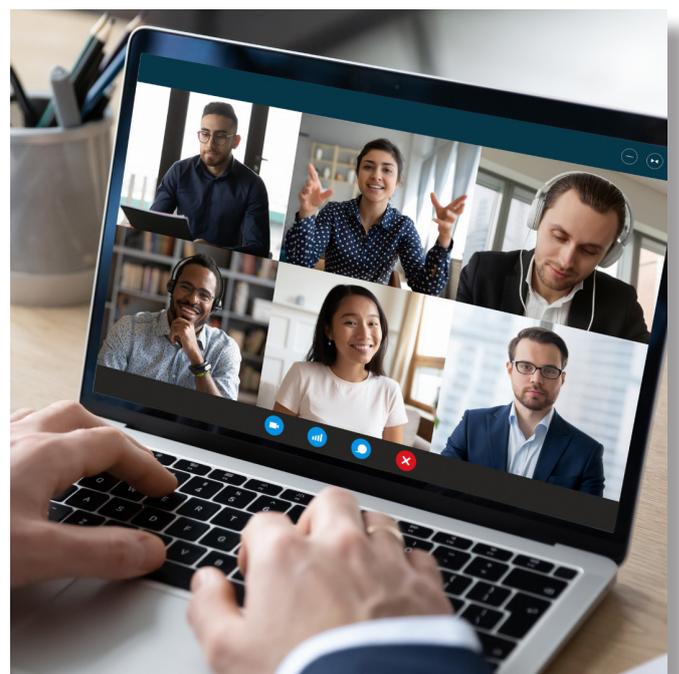
## Surveys

Data collected from AHPA members helps us understand more about the allied health workforce, the needs and challenges for professions and the sector, and how AHPA can provide appropriate advocacy and organisational support. During 2020, AHPA undertook and facilitated several surveys to capture the impact of COVID-19 on consumers and providers of allied health services. These are described in more detail in the Advocacy section of this report.

A member satisfaction survey was also completed. Despite a major shift in the way AHPA operated during the year, the member survey demonstrated that AHPA continued to provide significant value and support for its member organisations. Results showed that 86% of respondents found AHPA's communications to be 'very effective' and 83% had also found AHPA's advocacy to be 'very effective'. MCF meetings were also shown to be valuable sources of information, with 97% of respondents attending at least one meeting in 2020 and 59% attending 'frequently'.

## Resources

AHPA released several resources which are previously described in the relevant sections of the report including digital health resources, the Telehealth Guide and IPC guidance.



# Membership

## Communications

For much of the year, AHPA was busy keeping its members, the broader allied health sector, and consumers up to date with the latest COVID-19 information relating to allied health. This included information about social restrictions, border closures, access to and use of personal protective equipment, and access to allied health services. The importance of AHPA's online channels in disseminating such information was highlighted by record traffic on these channels during the pandemic.

## Member communications

AHPA's online member portal, AHPAonline, proved invaluable as a conduit for member discussion and to coordinate advocacy efforts during the COVID-19 pandemic. In addition to MCF meetings, AHPAonline was used to rapidly disseminate information and coordinate member feedback in response to emerging issues. This was particularly important for informing allied health professionals about changing state and territory advice in response to localised COVID-19 outbreaks.

Member communications via AHPAonline and MCF meetings was supplemented by the regular AHPA Member Update, our fortnightly e-newsletter providing news, resources, and opportunities for member organisations and allied health professionals.



## Website and social media

Increased traffic to AHPA's website in 2020 reflected the demand for up-to-date information on allied health services during the pandemic and governments' COVID-19 response measures. Changes to social restrictions and policy measures that affected access to allied health saw immediate increases in traffic to the AHPA website.

The number of visitors to the AHPA website increased by 50% in 2020 with 264,922 users (compared to 176,773 in 2019), 88% of whom were new to the site. The number of page views on the website was also up by 53% (601,366 in 2020 compared to 392,817 in 2019).

Work to update website content and improve functionality was carried out during 2020 to help visitors find the important information they were looking for.

Enquiries received via the AHPA website and the national office also increased significantly during the pandemic as health professionals and consumers sought advice on provisions for 'essential workers' and access to allied health services.

AHPA's Twitter audience also continues to grow significantly, reflecting our standing as a reliable source of information during a turbulent time. The AHPA profile (@comms\_AHPA) ended the year with over 1,000 followers, double that at the end of 2019, and a 92% increase in impressions.

AHPA celebrated Allied Health Professionals Day on 14 October as part of an international online event. A new logo developed by AHPA and stronger collaboration across the allied health sector saw this online campaign double its reach on AHPA's Twitter account and significantly increase engagement from 2019. The new logo design emphasised the 'stronger together' concept, reflecting the collaborative strength of allied health professions and the support provided to individuals by allied health professionals in healthcare and other care systems.

## Media

The role of essential workers and access to healthcare have received significant coverage throughout the pandemic. As the peak body representing allied health, AHPA supported government announcements including the expansion of telehealth services and the release of the COVIDSafe app, provided media comment on developments as they related to allied health, and participated in industry events focusing on changes in healthcare delivery.

# Governance

## Board

At the annual general meeting in May, AHPA's incumbent Chair and directors were returned to the Board. In August, Bridgit Hogan joined the Board, filling the casual vacancy left by Frances Mirabelli following her departure from the Australian Psychological Society. Annie Hayward joined the Board in September as AHPA's second independent director.

The current AHPA Board consists of:

Gail Mulcair (Chair)  
Antony Nicholas (Vice Chair)  
Anita Hobson-Powell  
Leigh Clarke  
Bridgit Hogan  
Sally Kincaid  
Nello Marino  
Craig Anderson  
Annie Hayward

Prior to the appointment of office bearers for 2020, the Board made the decision to move the risk portfolio from the Finance Committee to the Governance Committee. The Board sub-committees are now as follows:

Finance and Audit Committee – Anita Hobson-Powell (Chair), Nello Marino, Craig Anderson

Governance and Risk Committee – Governance: Antony Nicholas (Chair), Leigh Clarke, Sally Kincaid

## Strategic plan

AHPA's Strategic Plan sets out the priorities and goals that guide our activities and focus. Early in 2020, an interim Strategic Plan was put in place to ensure that AHPA responded to immediate advocacy and membership concerns arising from the COVID-19 crisis.

The Strategic Plan for 2021-2023 was refreshed in October based on responses to the Member Satisfaction Survey, Board direction and staff planning meetings covering advocacy priorities, member engagement and other initiatives.

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## Office

AHPA staff moved to remote working following the initial COVID-19 social restrictions in March. The AHPA national office is based in Melbourne, so staff have continued to work remotely and flexibly throughout 2020. This has enabled AHPA operations to continue smoothly despite Melbourne's extended lockdown.

In December, AHPA moved to a new office, still in Melbourne's CBD. This was prompted by a review of AHPA's space needs in the context of ongoing COVID-19-safe precautions, staff working a hybrid model across office and remote locations, and different needs for meetings spaces.

In October, AHPA employed a new part-time Administrative Assistant to support our Manager of Member and Corporate Services and other staff functions. On-boarding new staff remotely was just another aspect of maintaining AHPA operations virtually in 2020.

AHPA implemented an employee assistance program with an independent provider to provide additional support for staff during COVID-19 and beyond. This confidential counselling service is available to provide short-term support for staff with workplace or personal issues.



# Financial Overview

It is pleasing to report that the 2020 financial year contributed to a significant increase in AHPA's retained earnings, showing as \$637,888 in the audited financial statements (2019: \$434,557).

As with all other organisations, AHPA assessed risks and expenditure early in 2020 as the pandemic unfolded. Consideration was given to the potential impact on our membership income, and indirectly that of our members, and a decision made to be conservative with our expenditure where possible. COVID resulted in immediate savings in areas such as travel and meeting costs. The Australian Taxation Office (ATO) Boosting Cash-flow Initiative provided additional funds throughout the year. The net surplus after tax of \$203,330 will be reinvested into expanded communication and advocacy activities in line with the Board's strategic direction in 2021.

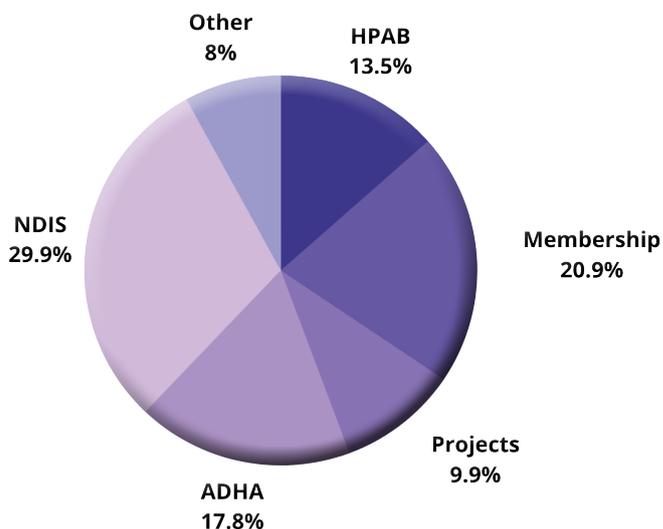
The diversity of our income in 2020 is shown in the chart. The income from the National Disability Insurance Agency appears as the largest block of funding, which was the continuation of a grant awarded in 2019 to develop resources ( primarily a website) to assist allied health providers to prepare for registration and the audit process. The website was completed in 2020.

We gratefully acknowledge the funding provided by the Australian Digital Health Agency which continues to align with our allied health advocacy as well as to provide useful resources for the sector.

The Commonwealth Department of Health are similarly acknowledged for their 3 year Health Peak and Advisory Bodies Programme (HPAB), which provides core general funding for the range of activities AHPA undertakes to support and advise the sector and government / agencies.

AHPA has evolved with the strong advocacy and financial support of our members. The strength of the collaboration is evident in many ways, and importantly provides the core base funding for AHPA to exist.

**Sources of AHPA Funding in 2020**





**Allied Health  
Professions  
Australia**

[ahpa.com.au](http://ahpa.com.au)

