



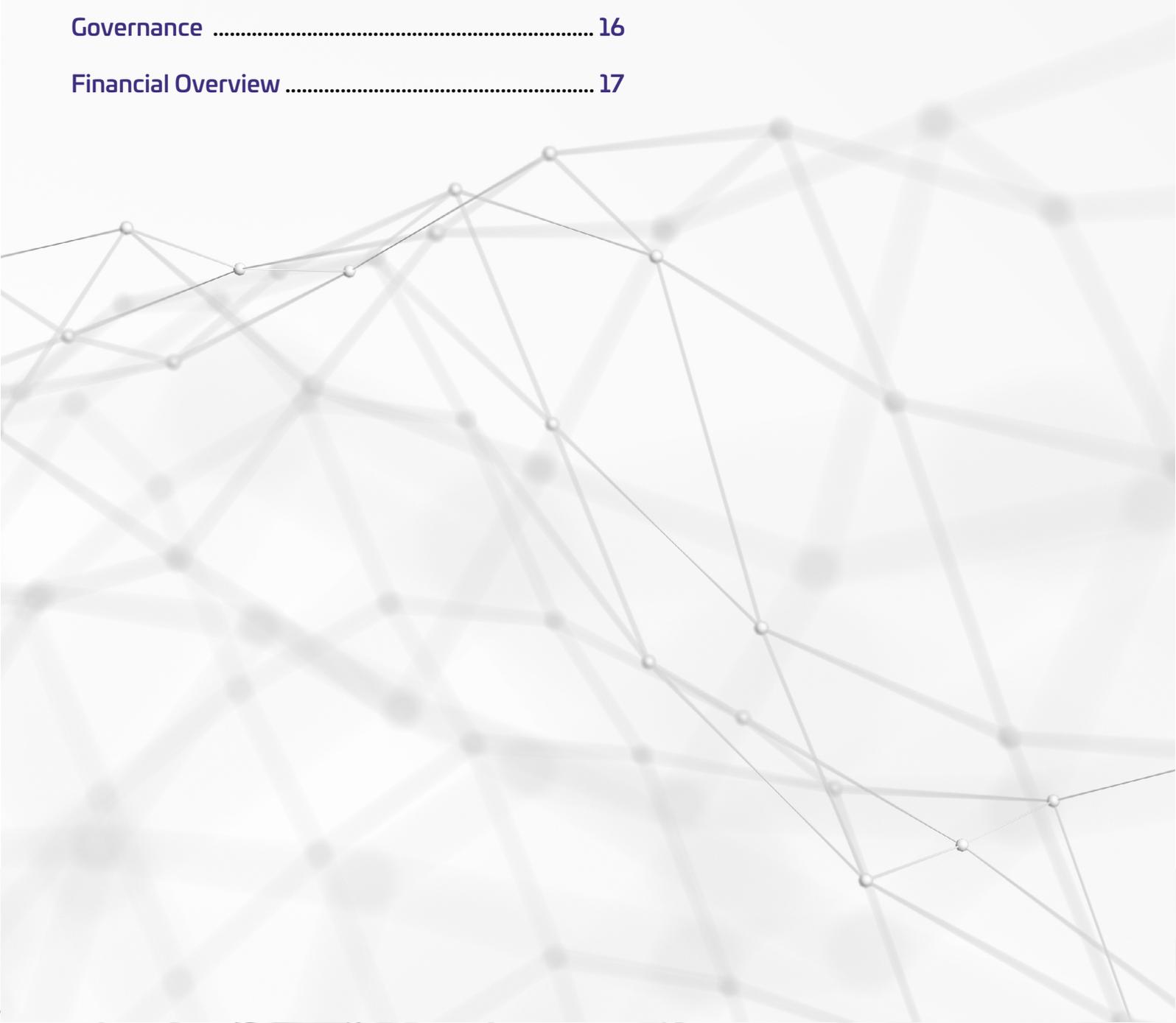
**Allied Health  
Professions  
Australia**

# **Year in Review 2021**



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# Year in Review 2021

Looking back over the past year with its immense challenges for healthcare, achieving any policy clarity or advocating for allied health in a politically charged environment, the hard work of the Allied Health Professions Australia (AHPA) team gives me and the Board a great sense of pride. Despite all those challenges, this review demonstrates the value of AHPA's clear, considered voice for allied health professions and how allied health contribute to the better health of all Australians.

First up, I would like to take this opportunity to sincerely thank Claire Hewat, CEO, and everyone on the AHPA staff team for their dedicated work. Their efforts to ensure that allied health is well recognised, has a loud, clear voice and is well represented across a wide range of strategic platforms, with little resources, is highly praiseworthy. This review highlights those amazing achievements. Claire will be retiring later in 2022, and it is fair to say that AHPA would not be where it is today, without her passionate leadership, advocacy, and commitment.

The COVID-19 health crisis continued to dominate 2021. The rapidly changing environment, restrictions and an avalanche of often vague policy information continued to challenge healthcare provision, practice, and policy advice. Through collective information sharing, collaboration, and strong government connections AHPA shone as a source of clear information and advice. That clarity of advice enabled AHPA to act as a source of truth in a confusing policy environment. As a peak, that important role was vital for the sector.

The other vital role, clearly demonstrated in this review, is AHPA's advisory role to governments, departments, and policy makers either directly, through advocacy or through focused advisory groups, consultations, or projects. The highlights on the next page are just a snapshot of the continuous work of AHPA, with more detail of our extensive work throughout the review.



We acknowledge the Commonwealth Department of Health for their continued support through our ongoing peak body funding. I also want to acknowledge the retiring Federal Health Minister Greg Hunt for his commitment to AHPA, to open communications and advancing allied health, plus all policy makers who have actively contributed to acknowledging the rightful place of allied health as an essential pillar in healthcare.

I need to thank each of the Board Directors for their support and assistance over this exceptionally challenging year. I particularly need to acknowledge the hard work of Anita Hobson-Powell, as Deputy Chair and Chair of the Governance and Risk Committee, and Nello Marino as Chair of the Finance and Audit Committee.

And finally, my thanks also to all the Member Organisations, their staff and the vast array of volunteer representatives who help us. That commitment, that passion and that collaboration is how we will continue to proudly achieve, influence, and raise the voice of the more than 200,000 allied health professionals across Australia.

**Antony Nicholas**  
**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.



# Contact Us

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# 2021 Highlights

- Successfully advocated for inclusion of allied health services in the federal government's permanent funding of MBS and DVA telehealth items.
- Facilitated meetings of our membership with key Department of Health and Government figures.
- 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 which has now been launched.
- Represented allied health on a range of COVID-specific government advisory groups.
- Played a key role in coordinating and clarifying changing information on COVID 19 restrictions and guidance for members.
- Appeared at the Disability Royal Commission on behalf of allied health.
- Appeared before several federal and state parliamentary inquiries and senate committees in the areas of NDIS, aged care and rural and remote access.
- Substantially influenced abandonment of heavily criticized NDIS independent assessment plans.
- Achieved representation on the re-vamped NDIA CEO Forum.
- Significantly increased our external communications profile including launch of a new Facebook and enhanced Twitter and LinkedIn presences.
- Facilitated projects to better understand and support the role of allied health e.g. Joint position paper with the Migrant and Refugee Health Partnership supporting for funding of interpreter services for allied health patients; Communities of Excellence and digital health engagement; and Allied Health Aged Care Data Set for My Health Record.
- Contributed to submissions and advocated in the areas of disability and NDIS, digital health, rural health, primary care, therapeutic goods administration, aged care, mental health, veterans' affairs and workforce data collection.
- Made a major contribution to the development of the national curriculum for training of allied health assistants.
- Secured a further three years of Health Peak Advisory Body grant funding 2022-2025.
- Established a corporate partnership program.
- Welcomed several new members with membership now at record levels.
- Led and increased awareness of Allied Health Professions Day (October 14th) with significant growth in engagement across the sector in a range of environments.

# Advocating for allied health

Throughout 2021 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 continued to have significant impacts on the allied health sector in 2021, 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 continued to present, 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.

While much of our work in 2021 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.

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;
- Distribution of personal protective equipment to allied health professionals in primary care settings;
- Planning for rehabilitation for COVID-19 survivors and other consumers who were unable to access rehab services during restrictions.

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 – 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

# Advocating for allied health

## Alliances

In addition to direct advocacy, AHPA works through its alliances to highlight the value and importance of allied health services for Australians. In 2021 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 has worked to support the initiatives of the office of the Commonwealth Chief Allied Health Officer by the Department of Health.

AHPA welcomed the newly appointed Deputy National Rural Health Commissioner (Allied Health and Indigenous Health), Dr Faye McMillan.

AHPA remains a member of the reformed Australian Allied Health Leadership Alliance (formerly Forum).

# Key advocacy areas

## Primary and preventive care

Despite a strong focus on the frontline and acute care response to coronavirus in 2021, there were also substantial 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 through ensuring access to allied health services in a range of settings. 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.

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.

## 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. AHPA welcomes telehealth becoming a permanent option under private health insurance. 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.

## 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. AHPA also met and communicated with disability advocates, the NDIS Independent Advisory Council and parliamentarians concerning the NDIA's proposed independent assessments model.

AHPA provided extensive feedback on the DSS workforce strategy which was unfortunately limited in its vision for allied health professionals and particularly for student training and early career support. This will remain a focus of advocacy.

## Disability Royal Commission

AHPA provided submission and gave evidence particularly around specific training for allied health professionals both at entry level and for experienced practitioners in the area of cognitive disability.

Dept Health roundtables on improving healthcare for people with intellectual disability saw the development of a roadmap to which AHPA made a significant contribution. AHPA has now been appointed to the Roadmap implementation group.

## Veterans' affairs

### Pricing

AHPA has advocated strongly for increased rates for allied health services provided under the Department of Veterans' Affairs. This remains an important issue for AHPA and AHPA member organisations despite the pandemic stalling the process.

# Key advocacy areas

## 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 2022.

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 AAHLA, to ensure that planning for the next phase of the health response to coronavirus includes rehabilitation as well as vaccination.

## Rural and remote health

AHPA has been working with the new National Rural Health Commissioner, Professor Ruth Stewart, on the implementation of recommendations from her predecessor's report to government on improving access to allied health services. The CEO attended a forum in Queenstown, Tasmania, to provide input to potential models.

AHPA is a member of the Advisory Committee overseeing the accreditation of the National Rural Generalist Program course.

## 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 including commitment to revisit recommendations of the AN-ACC review regarding full clinical assessment of care needs, and recognition that current MBS funding is generally not fit for purpose in RACFs.

## Aged Care Royal Commission

In December 2020, the Australian Government announced 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. AHPA's advice strongly shaped how this response was developed.

Unfortunately due to the ongoing impact of the pandemic and the inappropriateness of MBS Chronic Disease items for aged care the uptake has been generally poor.

The Royal Commission's final report supported AHPA's strong advocacy and we welcomed the recommendations specifically highlighting the importance of allied health in both residential and home-based care. Unfortunately, the recommendations regarding residential care were only accepted 'in principle' by the government and the chances of improving access to allied health services are not promising. This will be an important ongoing focus in 2022.



# Key advocacy areas

## Mental health

AHPA welcomed the additional funding for mental health programs in response to COVID-19. However, we continue to advocate for a broader approach to mental health care and prevention. The current narrow definition of mental health services overlooks the role of some allied health professions, including those providing primary and preventive physical health care in supporting mental health. AHPA and various members are represented on the Better Access Stakeholder Engagement Group as part of the evaluation of the Better Access program.

AHPA provided extensive feedback on the draft mental health workforce plan and looks forward to a more comprehensive approach in the final document.

## Digital health

### Telehealth

AHPA advocated strongly 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. Finally in December confirmation of permanent items under both MBS and DVA funding for allied health were confirmed.

### 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. Unfortunately, little progress has been made in this area despite strong representation, although recognition of the issues is becoming stronger.

Our work with the ADHA continued on 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.

Work was completed on the software landscape analysis, including a survey to understand use of digital health technologies by the allied health sector.

AHPA was invited to join the Aged Care Digital Health Advisory Committee which has resulted in a significant project to map essential allied health information in aged care for inclusion in My Health Record. AHPA also provided input to the draft Aged Care Transfer Summary development.

## 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 and in relation to the ongoing pandemic.

AHPA and its members provided detailed feedback on both the Disability and Mental Health draft workforce plans but remains concerned that allied health is still poorly understood and a fragmented approach remains.

## Data collection

Comprehensive data collection to support allied health workforce planning is an ongoing major issue. AHPA was pleased that the 2021 budget included seed funding to look at this in aged care and has engaged in the initial consultations on the project. We will continue to advocate for an expansion of this activity to allied health settings more broadly.

## Allied health assistants

AHPA recognises the important role of allied health assistants in supporting the work of allied health professionals through delegation. In 2021 an AHPA working group was recognised as the technical advisory committee for the review of the national curriculum for the training of AHAs and had substantial influence on the final product. AHPA continues to hold a seat on the Victorian DHHS AHA Workforce Plan Steering Committee.

# Submissions and Representation

AHPA submissions can be found on the [website](#).

## Representation

### Primary and Preventive Health

AIHW: Primary Healthcare Advisory Committee  
Capability Framework for Diabetes Care Implementation Advisory Group  
Diagnostic Imagery Advisory Committee  
DHS Stakeholder Consultative Group  
DVA Providers Forum  
Migrant and Refugee Health Partnership Council  
National Preventive Health Strategy Expert Steering Committee  
Palliative Care: Project WG Generalist Supplement to the National Palliative Care Standards 2018  
Primary Health Reform Steering Group

### Aged Care

ACF Classification Working Group  
ADHA Aged Care Integration Working Group  
AISC: Aged Services Industry Reference Committee  
Aged Care Funding Reform Working Group  
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  
Allied Health Assistants National Curriculum review TAC

### Covid-19

Covid-19 Primary Care Response Group  
Management & Operational Plan for Covid-19 for people with disability  
National Covid-19 Evidence Taskforce Steering Committee  
National Covid-19 Evidence Taskforce Guidelines Committee

### Digital Health

National Clinical and Community Advisory Group  
Capability Action Plan Steering Group  
Aged Care Advisory Group  
National Secure Messaging Network Governance Committee  
NHSD Data Governance Steering Committee

## Disability

NDIS Market Oversight Advisory Group  
NDIS Capability Framework Steering Group  
Cognitive Disability Roadmap implementation Governance Group (RIGG)  
Disability Workforce Education Reference Group  
AISC: Disability Support Industry Reference Group  
National Assistive Technology Alliance  
NDIS Commission Industry Consultative Committee  
NDIA Industry Chief Executive Forum  
NDIA Pricing Review Working Group: Quality and Safeguarding  
NDIA Pricing Review Working Group: Regional and Remote  
NDIA Pricing Review Working Group – Therapy Supports

## Mental Health

Better Access Stakeholder Engagement Group

## Public Health

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

## Quality Standards

ACSQHC: Primary Care Committee  
ACSQHC: Safety Culture Measurement EAG  
ACSQHC: General Practice Accreditation Coordinating Committee  
ACSQHC: Cognitive Advisory Impairment Group  
ACSPHC: Aged Care Clinical Standards  
NSQPHC Standards Advisory Committee  
Australian Council on Healthcare Standards (ACHS)

## Rural and Remote

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

# AHPA member collective

## AHPA 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 150,000 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.

During the year, the AHPA collaborative grew with the admission of the Australian Association of Psychologists Inc, Chiropractic Australia and Dietitians Australia as ordinary members. This brought AHPA's membership to 23 ordinary members and 12 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 Psychologists Inc  
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  
Chiropractic Australia  
Dietitians Australia  
Exercise & 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  
Pedorthic Association of Australia  
Psychotherapy and Counselling Federation of Australia  
Spiritual Health Association

# AHPA member collective

## Member engagement

Social restrictions brought in as part of Australia's coronavirus response continued to restrict the ways AHPA could engage with members during 2021. AHPA was nevertheless able to maintain regular contact with members throughout the pandemic in relation to health policy developments.

## Policy Symposium

AHPA is not alone in having to reschedule events several times in the hope of convening a face-to-face event but ultimately proceeding with an online event. Our virtual ICECAP Symposium was held on Thursday 14th October (Allied Health Professions Day). The symposium, which was well attended by our members, explored developing innovative models of care that encompass: Innovation, Collaboration, Equity, Connection, Access, Prevention.

The first session provided an overview of the opportunities and challenges for the sector informed by Anne-marie Boxall (Chief Allied Health Officer, Commonwealth Department of Health), Stephen Mason (CEO Australian Patients Association) and Gabrielle O'Kane (CEO National Rural Health Alliance).

The second session considered funding models, and presentations were made by Associate Professor Dr Faye McMillan (Deputy National Rural Health Commissioner), Dr David Cullen (Chief Economist NDIS) and Ben Harris (Director of Policy and Research at Private Healthcare Australia). AHPA Members then workshopped in small groups, before coming back to the collective, to consider some take-aways from the presentations and inform AHPA policy direction.

## Member Collaborative Forums

AHPA holds regular Member Collaborative Forum (MCF) meetings to facilitate member collaboration and support AHP's advocacy work. Whilst meetings remained virtual, they returned to a more normal interval as dealing with COVID restrictions became normalised, and member connection and exchanges in the COVID area of the member portal worked well.

MCFs slowly became less focused on COVID (although always an agenda item) and focused on other areas of advocacy. Whilst virtual meetings cannot replace the interactions and connections possible at face-to-face events, they are more accessible for members and an opportunity for CEOs and Policy Officers to attend. We look forward to being able to plan a calendar year of meetings that will include the best of both worlds: shorter virtual meetings, and robust face-to-face meetings.

## 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 2021 our working groups provided advice and informed AHPA consultation responses in the following areas:

- Disability Working Group – NDIS workforce, early childhood, planning, assessment, quality and safety, assistive technology, Participant Service Guarantee legislation, pricing, future of NDIS.
- Aged Care Working Group – aged care funding, quality and data reform, aged care workforce regulation.
- Digital Health Working Group – allied health use of digital health platforms, digital landscape analysis for allied health software.
- Mental Health Working Group – response to Mental Health Productivity Commission recommendations, National Mental Health Workforce Strategy, mental health funding and reform.
- AHPA rural and remote group – rural workforce issues in support of our membership of the National Rural Health Alliance for which our representative has been elected to the Board.

# AHPA member collective

## Member Satisfaction Survey

The annual member satisfaction survey was again undertaken in August. Despite the ongoing impact of the pandemic on the way AHPA operated during the year, the member survey demonstrated that AHPA continued to provide significant value and support for its member organisations. The survey captured the sentiment and experiences of both Ordinary and Affiliate members. AHPA's challenges are to meet the expectations of large versus small organisations, and ordinary versus affiliate members. We appear to be meeting these challenges, as shown in the survey responses.

The median Member Satisfaction Score for Ordinary Members was 86%, and for Affiliate Members it was 82%. Members generally showed high scores for effective advocacy and communications. Members expressed that in addition to advocacy, collaboration and sharing resources between members was a very valuable member benefit, along with being included in, and /or updated about consultations. AHPA appreciated suggestions that were made regarding increasing member value and improved communications, and these have been included in planning for the forthcoming year.

## Resources

AHPA undertook a review of its NDIS introductory training module, with a revised version to go live early in 2022. AHPA released a webinar series in conjunction with the Australian Digital Health Agency, exploring aspects of My Health Record and secure messaging.



# AHPA member collective

## 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 continuing high traffic on these channels.

## 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 were supplemented by the regular AHPA Member Update, our fortnightly e-newsletter providing news, resources, and opportunities for member organisations and allied health professionals. The Member Update was given a fresh new look in 2021, with refined content, and has since seen an increase in readership.

## Website and social media

High traffic to AHPA's website in 2021 reflected the demand for up-to-date information on allied health services during the pandemic and governments' COVID-19 response measures. The number of visitors to the AHPA website remained steady, with 256,733 users and 565,852 page views.

Work to update website content and improve functionality was carried out during 2021 to help visitors find the important information they were looking for.

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 almost 1500 followers and a significant increase in impressions.

An additional Twitter account was launched in August, with a policy and advocacy focus.

By mid 2021, AHPA's LinkedIn profile was re-instated, and by the end of 2021, the amount of followers had tripled. This platform is fast becoming one of AHPA's most engaging platforms.

In October, AHPA launched our Facebook page, sharing content to a wide new audience. The platform grew quickly and followers, likes, and engagement continue to increase into 2022.

AHPA celebrated Allied Health Professions Day on 14 October as part of an international online event. AHPA released its first set of paid social media as part of the Allied Health Professions Day campaign, which significantly increased our reach and engagement. A dedicated webpage and digital kit including posters, graphics and other social media content was also developed and shared with members and the wider public.

## 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 telehealth becoming a permanent fixture under the MBS, and vaccination campaigns, provided media comment on developments as they related to allied health, and participated in industry events focusing on changes in healthcare delivery. AHPA also submitted to industry related publications.

# Governance

## Board

Whilst the membership of the Board was relatively stable throughout 2021, there was a changing of the guard for Office Bearers at the Annual General Meeting in May. Gail Mulcair, whilst remaining a Director, stood aside from the Chair role. Antony Nicholas, previously Deputy-Chair, became the Chair. Anita Hobson-Powell, previously the Chair of the Finance and Audit Committee, became the Deputy-Chair. Nello Marino took on his first Office Bearer role as Chair of the Finance and Audit Committee.

Craig Anderson, an AHPA Independent Director, completed his 2 year tenure. The Directors are grateful to Craig for his contribution and insights as AHPA's inaugural Independent Director. Craig helped steer the Board's transition to a smaller skill-based board. Craig's departure left the Board with a vacancy which was filled by Amy Cooper. Amy brings to the Board extensive experience in a broad range of sectors including health, aged care, disability, Commonwealth and State government, community services, higher education and not-for profits. The current AHPA Board of Directors and their roles are detailed below.

The current AHPA Board consists of:

Antony Nicholas (Chair)  
Anita Hobson-Powell (Deputy Chair)  
Leigh Clarke  
Bridgit Hogan  
Sally Kincaid  
Nello Marino  
Annie Hayward  
Gail Mulcair  
Amy Cooper

Finance and Audit Committee:

Nello Marino (Chair)  
Gail Mulcair  
Amy Cooper

Governance and Risk Committee:

Anita Hobson-Powell (Chair)  
Annie Hayward  
Bridgit Hogan  
Sally Kincaid

For the first time, the Board undertook a self-evaluation survey. The results were informative, and whilst affirming that AHPA's Governance is of a high standard, they have led to some improved policies and practices. The Board Evaluation process is now part of the ongoing annual Board calendar.

## Strategic plan

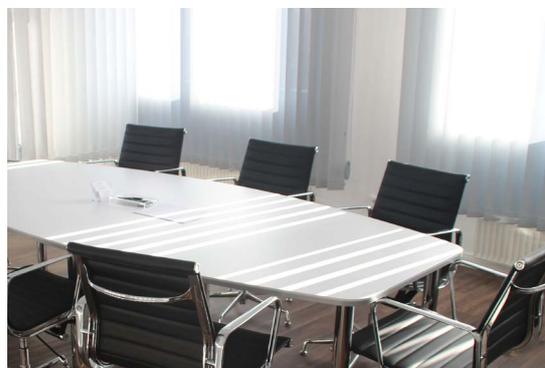
AHPA's Strategic Plan sets out the priorities and goals that guide our activities and focus. Early in 2020, an interim Strategic Plan was put in place to ensure that AHPA responded to immediate advocacy and membership concerns arising from the COVID-19 crisis.

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.

## Office

The AHPA national office is based in Melbourne, so staff have continued to work remotely and flexibly throughout 2021. This has enabled AHPA operations to continue smoothly despite extended lockdowns.

Significant staff changes occurred in early 2021 with both the Communications Officer and the Policy and Advocacy Manager pursuing new roles beyond AHPA. We were fortunate to attract two high quality replacements and were able to increase hours in both positions thus increasing the capacity of the organisation.



# Financial overview

AHPA has concluded the 2021 year with a deficit result, smaller than that which had been budgeted, following 3 years of delivering a surplus. The Audited Financial Statements show a net deficit after tax of \$45,678 (2020: Surplus of \$203,330). AHPA's core funding is derived from membership fees and grant funds received from the Australian Government's 'Health Peak and Advisory Bodies Programme (HPAB)'.

The aggregate revenue is used to support advocacy activities, specific peak body deliverables and member services. Membership income once again grew indirectly due to individual growth in our member organisations, but also due to the addition of three new members that joined in the latter part of the year. Membership income is forecast to be higher again in 2022, as the effect of the recent membership growth is seen across a full financial year. The HPAB grant funding is currently in place until June 2022. AHPA was pleased to announce in December, that an offer of increased further funding for a three year period has been secured under the same program.

The deficit in 2021, partly reflects a modest increase in staffing resources which enables AHPA to continue to meet the growing demand for representation and advice across the health, disability, aged care, veteran and community service sectors. Further, previous years earnings have been utilized to commence work on AHPA's election strategy in 2022 which is the first public campaign undertaken by AHPA.

The Australian Digital Health Agency once again provided funds to undertake specific project work which aligns with AHPA's advocacy for the inclusion and integration of allied health into My Health Record. The funded activity does not make a significant contribution to AHPA's finances, but rather enables AHPA to lead activity working with our member organisations. We gratefully acknowledge the financial support provided by the Department of Health and the continued support and endorsement of AHPA member organisations, which has enabled AHPA to deliver advocacy for the sector, benefits for members and advice to government agencies.

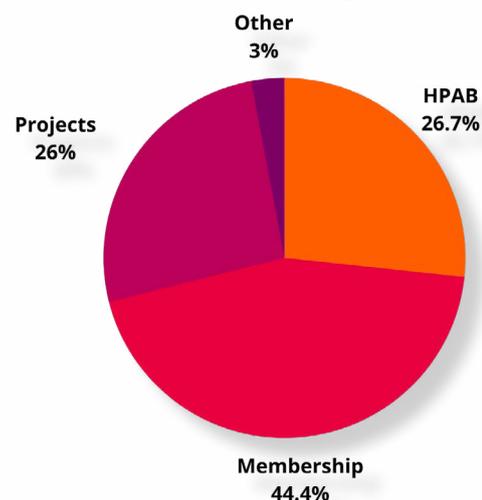
AHPA's strategic objectives include developing a sustainable resource base and diversity of income. A policy framework for entering into partnerships has been established, and at the beginning of 2021 AHPA welcomed our first partner, CoviU. CoviU delivers a telehealth platform which is well-utilised by allied health professionals. They demonstrate commitment to the sector via their advocacy (which aligns with AHPA) and by listening to the voice of our members via facilitated workshops to help guide the development of their telehealth platform.

Throughout 2021 AHPA developed our partnership proposal seeking to achieve a mix of:

- Informing and furthering our advocacy work;
- Providing education and resources suitable across the breadth of allied health;
- Providing tangible benefits to our member organisations;
- Providing thought leadership to the sector; and
- Advancing the profile of allied health.

Late in 2021, we announced new partnerships with HR Advice Online and BMS Risk Solutions, which will commence in 2022. As the Financial Statements show, AHPA's retained earnings of \$592,209 (2020: \$637,888) place AHPA in a very comfortable position to continue to provide strong representation for allied health professions across all sectors in which they participate.

## Sources of funding in 2021





**Allied Health  
Professions  
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