



**Allied Health  
Professions  
Australia**

# **Year in Review 2022**

# Contents

Year in Review .....	3
About AHPA .....	4
2022 Highlights .....	5
Key Advocacy Areas .....	6
Advocating for Allied Health .....	10
Submissions and Representation.....	11
AHPA Member Collective.....	12
Governance .....	15
Financial Overview .....	16

# Year in Review 2022

First up, it is only fitting to cheer the amazing AHPA staff team for their dedication, grit, and drive. It has been another challenging year, especially with changes in staffing and changing governments. Bronwyn Morris-Donavan, AHPA CEO has added her considerable skills and experience to ensure that allied health is well recognised, has a loud, clear voice and is well represented.

The reports in this review further highlight the amazing achievements of the team. Claire Hewat, our former CEO, retired earlier in 2022, and it is fair to say that AHPA would not be where it is today without her passionate leadership and advocacy, and Melanie Dooley, who after a decade of steering our membership and operations, has moved on to VACCHO.

Allied health is the answer to many of the health systems problems. It provides a well-trained, evidenced-based, person-centred workforce who can increase access, provide better patient outcomes, focuses on prevention and can address the pending general practice workforce shortage.

If we really expect multidisciplinary care to work in Australian healthcare, then we need more ambitious reform and different model(s) of care, funded appropriately across the care team. We must accept that the increasing GP workforce shortage will see 'the gatekeepers' become a roadblock for access to care. This is already the case for many outer urban, rural and remote Australians.

Today and increasingly in the future, consumers who want best practice, multidisciplinary care are forced to fund it through out-of-pocket expense for both their GP and their allied health. This places those, who are most vulnerable, at even greater risk in a very wealthy nation.

We need change and we need better planning and inclusion of allied health. We need the Federal Chief Allied Health Officer to lead a funded national allied health workforce strategy to understand health needs that can be addressed and workforce shortages.

We need reform, we need equity and interoperability for allied health to access digital health infrastructure. We need the development of an access portal, independent of software, to allow allied health to upload relevant clinical data. If the Federal Government can invest \$100 million per year on GP digital incentives, surely, it can invest something in allied health access?



We also need reform to ease the health consumer journey and reduce duplication, costs and wastage by removing MBS barriers to enable full scope of practice with increased funded options, direct MBS rebated diagnostics and specialist referrals. These latter two alone, plus implementing the recommendations of the MBS review would save the government(s) hundreds of millions per year, plus improve timely patient access and outcomes. Not to mention, remove the financial burden on consumers.

We need equity, when the government announces changes or subsidies, (such as HELP debts waivers for rural and remote medical and nursing), that the allied health workforce is included. We need new models of care that fund consumers to access best practice, person-centered allied health care, because the current models have resulted in 50% of Australians living with at least one chronic condition.

The recent House of Representatives Standing Committee on Health, Ageing and Sport's inquiry into childhood rheumatic disease came to this stark conclusion: "there is apparently no true multidisciplinary care currently available in Australia." If Australia truly wants a better health care system, it must engage allied health to work to top of scope and meet the quadruple aim of improving population health, improving patient outcomes, improving experience, and improving cost efficiency – now is the time for government(s) to make true, funded reform.

Thank you to each of our directors for their support, assistance, vision and drive for a better allied health future. I particularly need to acknowledge the leadership 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, a big thank you to our members, their staff and the vast array of volunteer representatives who help us to achieve so much more, with so little! Now more than ever we need to loudly raise the voice of 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. However, 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

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

[office@ahpa.com.au](mailto:office@ahpa.com.au)



[comms\\_ahpa](#) and [ahpapolicy](#)



[Allied Health Professions Australia](#)



[Allied Health Professions Australia](#)

# 2022 Highlights

- Secured a further three years of Health Peak Advisory Body grant funding 2022-2025
- Successfully created and executed AHPA's first digital election advocacy campaign
- Represented allied health on the newly established Strengthening Medicare Taskforce
- Secured funding from the Australian Digital Health Agency to establish the Allied Health Digital Health Reference Group
- Lead substantial work advocating for allied health professionals under the new AN-ACC funding model in residential aged care, including contributions to the Aged Care Quality Standards, the Aged Care Regulatory Model, participation in the national jobs summit, and submission to the Senate Standing Committees on Community Affairs review of the Aged Care Amendment Bill 2022
- Continued to play a key role coordinating and clarifying changing information on COVID-19 restrictions and guidance for members, and submitted a response to the House of Representative Committee inquiry into long COVID and repeated COVID infections
- 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, mental health, and veterans' affairs
- Collected [workforce data](#) from AHPA members to build a deeper understanding of the size and distribution of the allied health workforce
- Led and increased awareness of Allied Health Professions Day (14 October) with significant growth in engagement across the sector in a range of environments.

# Key advocacy areas

## Aged care

2022 was another exceptionally busy year in aged care policy. Given AHPA's concerns about the nature and rapid pace of some of the care at home reforms, the organisation welcomed the announcement of an extension of time until July 2024 to try to 'get it right', including further consultation with stakeholders.

AHPA and its Aged Care Working Group continued to vigorously advocate for the provision of allied health services to all older people on a needs basis, as recommended by the Royal Commission into Aged Care Quality and Safety.

Although the Labor Government implemented reforms to align with the new AN-ACC funding model in residential aged care, including mandatory minutes for nursing and personal care, there is still no comparable funding and benchmarking for allied health. AHPA raised these essential issues via meetings with the Department of Health and Aged Care and the Chief Allied Health Officer.

AHPA's Aged Care Working Group finalised a Position Statement, 'Meeting the Allied Health Needs of Older Australians in Residential Aged Care', which was endorsed by the National Aged Care Alliance. AHPA also produced and regularly updated a Policy Brief, 'Allied Health Funding in Residential Aged Care'.

Other work included securing a Department-run allied health workshop on care at home, and participating in and making submissions to other relevant care at home consultations.

Further consultations and submissions included on workforce needs, the Aged Care Code of Conduct, Quality Standards, the new Residential Aged Care Pricing Framework, the proposed Aged Care Data Strategy, the Capability Review of the Aged Care Quality and Safety Commission, and the proposed joint Commonwealth-States/Territories multidisciplinary aged care trials.

AHPA's briefing of Senators Janet Rice and David Pocock concerning the current parlous state of allied health services in residential aged care led to Senator Rice referring to the vital role of allied health professionals during the Second Reading debate on the Aged Care Amendment (Implementing Care Reform) Bill 2022 on 27 October.

Senator Rice also put forward an amendment to the Bill, which included a proposal that the Senate note that a lack of legislative provisions to ensure aged care residents can access adequate and appropriate allied health services may reduce the level of care they receive, with clear implications for their health and wellbeing. The amendment also proposed that the Senate urge the Government to ensure that allied health care is appropriately funded. Although the amendment was ultimately unsuccessful, it was supported by the Greens and Senator David Pocock.

AHPA and Working Group members produced and reported on our first survey of impacts of lack of funding on allied health professionals in residential aged care, and spoke to this when we attended the Aged Care Nursing and Allied Health Workforces Roundtable convened by the Minister for Aged Care, Anika Wells, in December.

By year's end the organisation had seven articles published in health and aged care media, largely on the residential care issues.



# Key advocacy areas

## Disability

Although allied health had been involved in a series of workshops and a meeting with the NDIS Chief Economist, outcomes of the 2021-22 NDIS Pricing Review were disappointing.

The NDIA decided not to raise the price cap for therapy supports, and not to apply indexation from 1 July 2022. AHPA made a written response to the Review and subsequently met with the NDIA, and also with key allied health providers to discuss potential future collaboration on pricing matters.

The organisation achieved a 'breakthrough' in mainstream media coverage of allied health workforce issues, thanks to collaboration with National Disability Services on the release of their Workforce Census Report. AHPA commented on allied health workforce shortages for ABC Radio National and was quoted in several newspapers. We also provided input to Minister Shorten's NDIS Jobs and Skills Forum, for the Jobs and Skills Summit.

Following on from the now discredited and abandoned independent assessments model, AHPA initiated a series of workshops between the NDIA's Information Gathering for Access and Planning Project team and AHPA members concerning issues for allied health professionals, and collaborated with the NDIA to ensure representation of several of our professions on a Professional Advice Panel.

AHPA also engaged with the Senate Joint Standing Committee NDIS Inquiry into the Future of the NDIS, and met with the NDIS Review.

## Mental health

AHPA continued its membership of the Stakeholder Engagement Group for the Evaluation of the Better Access program. This included making detailed comments on interim draft reports, and expressing our disappointment that the scope of the Evaluation, despite entailing eight separate studies, was not being fully realised in terms of delineating findings by individual professions eligible to provide services under Better Access, let alone considering the efficacy of other non-eligible allied health services that might assist in addressing the current mental health crisis.

In November AHPA had its first meeting with the Assistant Minister for Mental Health, Emma McBride. The organisation supported recommendations from the 2021 House of Representatives Select Committee on Mental Health and Suicide Prevention Final Report, especially the need to support the full spectrum of mental health services to work to top of scope in helping to address Australia's mental health crisis, including through the Better Access program.

# Key advocacy areas

## Digital health

Digital Health continues to be a priority focus area for AHPA, given its links to enabling the Strengthening Medicare Taskforce recommendations and the potential to assist with collection of quality data to influence the areas of workforce needs and impact of allied health care provision.

The inclusion of Jackie O'Connor within the team is enabling the organisation to expand connections beyond the ADHA and ensure broader advocacy and strategic policy decision making, with the aim to accelerate impact in this important area.

AHPA now has a well established and ongoing relationship with the Australian Digital Health Agency (ADHA). ADHA fund AHPA to conduct discrete projects in line with their own priority initiatives. During the 2021/2022 financial year, AHPA completed the following projects:

### Allied Health Event Summary – Aged Care

With assistance from allied health professionals representing 12 different allied health professions most commonly providing Aged Care services, AHPA created and delivered a stakeholder approved critical information summary document. This document was created to enable sharing of allied health professional generated care information within a consumer's My Health Record (MHR).

### Review of the MHR Guidelines for Aged Care

Guidelines to assist Aged-care providers to connect to and include relevant information into MHR given the planned introduction of an Aged Care Transfer Summary document in September 2023. AHPA co-ordinated allied health professional feedback. Unfortunately, some of the feedback was only partially addressed, and challenges may continue to arise for allied health professionals providing services into Residential Aged Care Facilities via contractor arrangements. ADHA hope to address this issue in the future.

During the 2022/2023 financial year, AHPA has been successful in gaining grant funding for the delivery of the following projects:

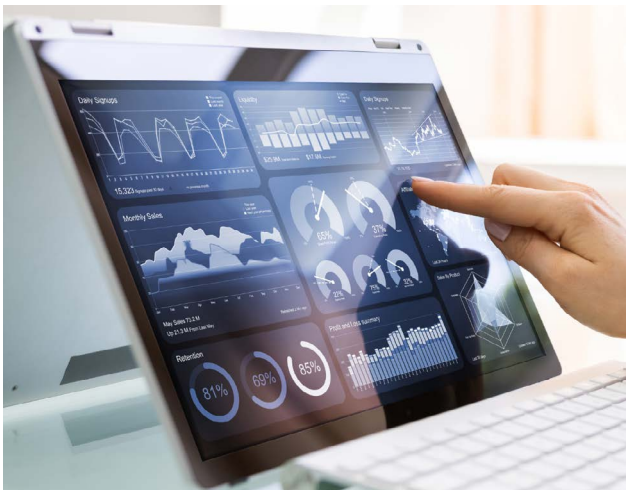
- Establishing an Allied Health Digital Health Reference Group which aims to develop a strategy and priorities for requirements to facilitate allied health professionals to use MHR effectively and efficiently within everyday practice
- Expansion of the Allied Health Event Summary document beyond Aged Care to encompass all consumer types and allied health professions
- Consultation: Provide strategic and detailed input to a variety of established groups which include a broad variety of external stakeholders such as the:
  - o Classification Committee
  - o National Secure Messaging Network
  - o Aged Care Digital Advisory Group
  - o Connected Care Council



# Key advocacy areas

## Workforce data

AHPA continues to advocate for the collection of allied health workforce data. There is currently no national, systematic collection of workforce data. This is needed to support a government-led national workforce strategy for the sector. Without this, AHPA's collective capacity to address issues of workforce shortage and maldistribution is hindered. This impacts the organisation's ability to meet consumer demand.



## Member data collection changes

In 2022, AHPA aimed to begin a conversation about the nature of the allied health workforce by re-designing its bi-annual member survey to include questions relating to the nature of our allied health workforce.

Survey questions included gender, age distribution, work role and work setting. Members were very supportive and almost all provided as much data as they had available from their own databases.

The responses were analysed and collated into an information sheet and a data cube, which was circulated to our members.

A copy of the workforce infographic can be accessed via the AHPA website [here](#).

This information allows members to better understand the nature of the allied health profession and their place in it. In addition, the information has allowed AHPA to better understand the gaps in workforce data by utilising this data collection methodology. AHPA's member bodies represent just over 150,000 allied health professionals and so the organisation can be sure it has significant coverage of the sector if its members can be resourced to collect and store more detailed data.

This workforce data, and the challenges of collecting it, will also be used to support AHPA's advocacy for the development of a national minimum workforce dataset and the development of a national allied health workforce strategy.

AHPA looks to make this workforce data collection an annual part of our member surveying until a more robust and detailed methodology is implemented by government bodies.

# Advocating for allied health

Events in 2022 significantly shaped AHPA's advocacy and policy work. In the first few months AHPA focused on development of a federal election campaign. Subsequent election of a new Labor Government meant establishing new relationships with Ministers, together with changes in governance of the NDIS and in approaches to implementation of aged care reforms begun under the previous Government.

## Federal election campaign

The beginning of 2022 saw AHPA focus heavily on election engagement. On 1 March, AHPA launched its 'Fair access to allied health for all' election advocacy campaign, encouraging the public to use their vote to help stop the suffering caused by lack of access to allied health services.

The campaign highlighted the barriers to allied health across the country, and the impact those barriers have on the health of all in Australia via a series of web pages and digital assets expressing three key asks. Each key ask specified three or more actions to be taken to achieve the campaign goals.

AHPA's three key asks included:

- Enabling access to allied health services for early intervention and prevention throughout the life cycle.
- Fully integrating allied health into all health, care and support sectors.
- Strengthening and sustaining the allied health workforce to meet present and future needs in all sectors.

Primarily digital, AHPA worked with a creative agency to develop themes and branding for the campaign. The images, colours and other graphic content all worked to cohesively motivate the public to use their vote for positive change, while highlighting diversity, and awareness of communication access to ensure that the content was clear to all.

The public were also encouraged to share their experiences accessing allied health via the website. Quotes from these submissions were used as part of the digital campaign.

The 2022 election offered some unique opportunities due to the number of marginal seats, cross-bench membership and the influence of third party or Independent candidates.

AHPA used its limited budget to try to influence future federal government and parliamentarians. AHPA decided that the primary goal was for Australians to use their vote to support the campaign by asking their local candidates about 'Fair Access to Allied Health for All'.

AHPA focused on marginal and other key seats, and surveyed the main parties and independent candidates on the extent of their support for our asks and strategies.

Although the independents were quicker than parties to respond to the survey, they were often not in a position to answer in detail.

Therefore, the organisation added a smaller strategy of seeking meetings with key independent candidates, by involving its members with contacts in those electorates. At the same time, relevant party candidates were alerted to try to place more pressure on the parties to respond.

The survey results were compiled into a scorecard with party and independent responses scored out of 10. All significant parties except the Nationals, and nine independent candidates – four of whom are now Members of Parliament – responded to the survey. Overall, the campaign contributed to AHPA's ongoing aim of building awareness of the value of allied health.

Post election, AHPA continued to expand awareness of its role across government departments and agencies, as well as non-government stakeholders, and this has continued with increased opportunities for representation and to support governments in understanding the needs of the sector.

The change in government created opportunities for a stronger alignment with allied health, and a more direct focus on digital health and workforce data. AHPA has continued to develop informative and collaborative relationships with the new government.

# Submissions and Representation

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

## Representation

### Primary and preventive health

AIHW: Primary Healthcare Advisory Committee  
Diagnostic Imagery Advisory Committee  
DVA Providers Forum  
Migrant and Refugee Health Partnership Council  
Primary Health Reform Steering Group  
DSS Stakeholder Consultative Group

### Aged care

National Aged Care Alliance  
National Aged Care Alliance (sponsors group)  
National Aged Care Alliance (professional constituency)  
ADHA Aged Care Integration Working Group  
ACF Classification Working Group  
IHACPA Interim Aged Care Working Group

### Allied health

Australian Allied Health Leadership Alliance  
Allied Health Industry Reference group  
AHA Project - VIC Health and Monash University

### COVID-19

COVID-19 Primary Care Response Group  
COVID-19 Disability Advisory Committee  
National COVID-19 Evidence Taskforce Steering Committee  
National COVID-19 Evidence Taskforce Guidelines Committee

### Digital health

National Clinical and Community Advisory Group  
Aged Care Advisory Group  
National Secure Messaging Network Governance Committee  
NHSD Data Governance Steering Committee  
Australian Institute of Digital Health - AIDH Clinical Informatics Fellowship Program development Clinical Advisory Group  
Qld Health: ClinEdAust Content Advisory Group

### Disability

NDIS Market Oversight Advisory Group  
Cognitive Disability Roadmap Implementation Governance Group (RIGG)  
National Assistive Technology Alliance  
Management & Operational Plan for COVID-19 for People with Disability  
NDIS Commission Industry Consultative Committee  
NDIA Industry Reference Group (NDIA Industry Chief Executive Forum since 13 December 2021)  
NDIA Pricing Review Working Group - Quality and Safeguarding  
NDIA Pricing Review Working Group - Regional and Remote  
NDIA Pricing Review Working Group - Therapy Supports  
Cognitive Impairment Advisory Group

### 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

Australian Commission on Safety and Quality in Health Care (ACSQHC): Primary Care Committee  
Australian Commission on Safety and Quality in Health Care (ACSQHC): General Practice Accreditation Coordinating Committee  
Australian Council on Healthcare Standards (ACHS)  
Australian Commission on Safety and Quality in Health Care (ACSQHC): Cognitive Impairment Advisory Group  
Australian Commission on Safety and Quality in Health Care (ACSQHC): Primary and Community Healthcare Advisory Committee  
Australian Commission on Safety and Quality in Health Care (ACSQHC): Aged care Clinical standards

### Rural and remote

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 Society of Rehabilitation Counsellors as ordinary members, as well as a shift for the Australian Diabetes Educators Association, the Pedorthic Association of Australia, and the Psychotherapy and Counselling Federation of Australia from affiliate to ordinary members. This brought AHPA's membership to 26 ordinary members and 9 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 Diabetes Educators 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  
Pedorthic Association of Australia  
Psychotherapy and Counselling Federation of 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 Hand Therapy Association  
Australian Society of Dermal Clinicians  
Hearing Aid Audiology Society of Australia  
Myotherapy Association Australia  
Spiritual Health Association

# AHPA member collective

## 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 2022, 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.

## Member collaborative forums

AHPA holds regular Member Collaborative Forum (MCF) meetings to facilitate member collaboration and support advocacy work.

MCFs remained online throughout 2022, and had high member attendance. These video conferences continued to enable AHPA to quickly pass on policy developments and gather feedback on the potential implications on consumers and practitioners. They are also allowing time to canvass longer term matters and policy development.

## Policy symposium

October 2022 saw AHPA finally able to host the first Policy Symposium since the beginning of the COVID-19 pandemic.

Hosting 60 attendees both in person and online, the event focused on the theme 'Strengthening allied health in a new landscape,' discussing ways to approach strengthening allied health under a new government.

Dr Anne-marie Boxall joined Speech Pathology Australia's Erin West, Dr Alexandra Devine and Dr George Disney from the Disability & Health Unit, University of Melbourne to discuss the impacts of a new government on allied health, and ways that the critical value, and wide scope of allied health can be demonstrated.

Professor Kathy Eagar, Director of the Australian Health Service Research Institute at the University of Wollongong, and Lisa Ogolo CEO, National Aboriginal & Torres Strait Islander Ageing and Aged Care Council discussed the new aged care landscape.

Additionally, Tricia Malowney, Independent Advisory Council, NDIS, and Professor Sharon Friel director, Menzies Centre for Health Governance presented on the ongoing changes in the health landscape.

Allowing for informative discussion of the health landscape, and networking with member associations, the 2022 Policy Symposium reinforced the need for the professional associations to work as a collective and where feasible, prepare joint submissions and find opportunities for collaboration.

# AHPA member collective

## Member communications

The way AHPA communicates with its members changed significantly in 2022 with the implementation of new platforms from our partner Higher Logic.

In May, AHPA Online was replaced with a fresh-look online community dubbed 'The Pool,' set to motivate members to 'Jump in and join the discussion' around allied health.

The new platform has many features allowing for increased ease of communication for members, and new groups have been developed since its inception, broadening the discussions overall.

The platform has since become AHPA's main form of member communication as it is a closed forum specifically designed for AHPA membership.

Additionally, the organisation adopted a new email distribution platform for all outgoing communications. The Informz platform has allowed for intensive data tracking, increasing the reach and engagement of the Member Updates, and communications to external stakeholders has been redeveloped to reflect changing industry best practice.

## Website and social media

AHPA's website remains a reputable source for all health professionals and the public to find information about allied health and its role in the wider Australian health sector.

Throughout 2022, several updates were made to the website to increase overall functionality and readability of the website, streamlining content and highlighting AHPA's focus areas.

The News section of the website has been given more prominence by being moved to the homepage menu navigation to allow website users to view AHPA's growing media presence.

The number of visitors to the AHPA website remained steady, with 289,845 users and 564,448 page views.

The federal election advocacy campaign had a major impact on all of AHPA's social media platforms. The paid components of the campaign served to increase our reach and engagement, as well as increasing our overall audience.

A number of informative posts and videos were shared as part of the campaign, and these were subsequently shared by AHPA members and the public, bringing attention to the campaign and website.

Following digital trends, video content proved the most popular overall. The most successful post was the 'Nurses are crucial, but not enough' video. This post generated 72,040 impressions on Facebook, 191,305 on Twitter, and 78,353 on LinkedIn.

The post also generated the most clicks and engagement of the campaign, especially on Facebook where there were 29 comments discussing the history and future of aged care.

All social media platforms continued to grow throughout 2022, including both Twitter profiles, as well as the Facebook page. The most notable growth occurred across the LinkedIn page, with the platform finishing out 2022 with over 2,000 followers. This has significantly increased AHPA's overall reach and engagement, both with members and the wider public.

AHPA again celebrated Allied Health Professions Day on 14 October as part of an international online event.

For the second year in a row, a dedicated web page and digital kit including posters, graphics and other social media content was also developed and shared with members and the public.

## Media

The federal election dominated the health media cycle of 2022, with a heavy focus on aged care, NDIS and mental health.

Following a spike of interest in the election campaign, AHPA were featured in several publications, including Croakey, Australian Ageing Agenda (2), Aged Care insite (2), HelloCare, and Aged Care Australia.

# Governance

## Board

In 2022 the Board farewelled Sally Kincaid and Leigh Clarke as they stepped down from their Director roles. The Board thanks Leigh and Sally for their contributions and deep insights into the allied health sector and their years of services as an AHPA Director.

The AHPA Board welcomed two new Directors at the May AGM, including Kate Dempsey and Dr Catriona Davis-McCabe. Kate is the ANZACATA Executive Officer and an experienced Board contributor, as Chairperson/Director and Executive Director for more than 15 community based organisations over 20 years. Catriona is President of the Australian Psychological Society (APS), a Counselling Psychologist in private practice, and an Adjunct Senior Lecturer/Researcher at Curtin University in Western Australia.

Other office bearer positions remained stable, including Antony Nicholas retained as Board Chair, Anita Hobson-Powell as Deputy Chair and Chair Governance and Risk Committee, and Nello Marino retained as Finance and Audit Committee Chair.



## Office

AHPA staff continued to work effectively both remotely, and in the AHPA office.

There were significant staff changes again throughout 2022, as AHPA CEO Claire Hewat retired after many years of dedicated service to the allied health sector. Melanie Dooley, AHPA Manager - Members and Corporate Services also ended her time at AHPA, and the organisation wishes them both the best in their new endeavours.

In May, AHPA welcomed new Policy Officer, Leo DiGiorgio, followed by new CEO Bronwyn Morris-Donovan in June.

Communications Officer Colleen O'Sullivan joined the team temporarily while Communications Manager Suzie Medhurst was on parental leave.

AHPA looks forward to this new chapter for the organisation.

## Interim strategic planning

The 2021-2023 Strategic Plan was reviewed by the AHPA Board in October 2022 to ensure it remains reflective of key advocacy priorities.

AHPA will continue to focus on system-wide issues that affect the whole allied health sector.

# Financial overview

AHPA concluded the 2022 year with a deficit result lower than budgeted. The Audited Financial Statements show a net deficit after tax of \$13,482 (2021: Deficit of \$45,678) against the forecast deficit of \$181,416.

The differential is largely due to reduced salaries associated with the resignation of the Manager, Member and Corporate Services in June 2022 and maternity leave cover for the Communications Manager at lower FTE and salary.

The Manager, Member and Corporate Services position was not replaced, and book-keeping functions were outsourced from end May 2022.

AHPA's core funding is derived from membership fees and grant funds received from the Australian Government's 'Health Peak and Advisory Bodies Program (HPAB)'. The aggregate revenue is used to support key advocacy priorities and specific peak body deliverables. The 2022 calendar year saw the culmination of the 2019-2022 HPAB Program on 30 June 2022 and the introduction of a new three-year HPAB grant (2022-2025) on 1 July 2022.

Membership income once again grew due to growth in Ordinary member organisations, with three Affiliate members transitioning to Ordinary membership status.

The Australian Digital Health Agency provided funds to undertake project work which aligns with AHPA's advocacy for the inclusion and integration of allied health into My Health Record.

AHPA was also awarded a small NDIS grant (2022 – 2025) to support allied health professionals to undertake registration. In 2022 partnership income continued to grow to include five partners including Cemplicity, HR Advice Online, BMS Risk Solutions, Higher Logic and Coviu.

As the Financial Statements show, AHPA's retained earnings of \$578,727 (2021 \$592,209) place AHPA in a very comfortable position to continue providing strong representation for allied health professions across all sectors and settings.

We acknowledge the financial support provided by the Department of Health and the continued support of AHPA member organisations, which has enabled AHPA to deliver against system-wide advocacy priorities.





**Allied Health  
Professions  
Australia**