



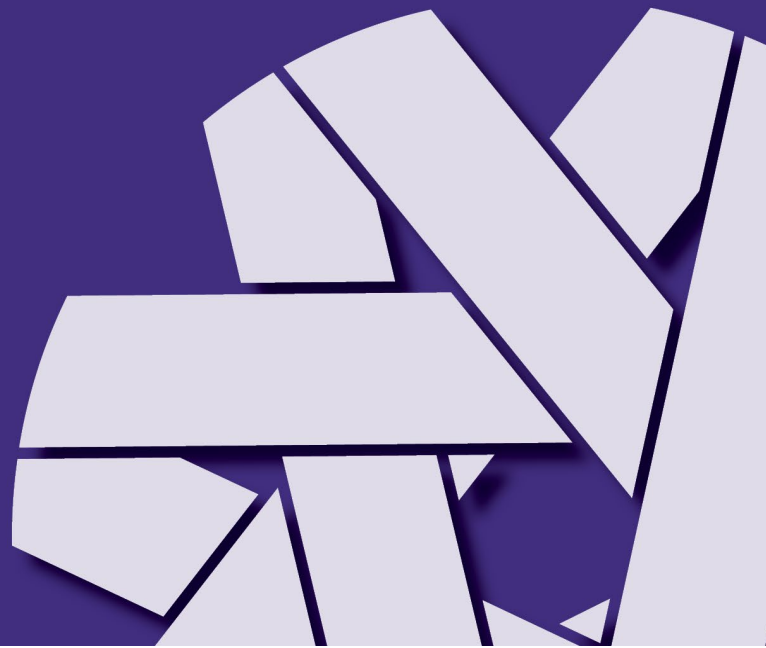
**Allied Health
Professions
Australia**

Working Better for Medicare Review

May 2024

**This submission has been developed in consultation
with AHPA's allied health association members.**

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About AHPA and the allied health sector

AHPA is the recognised national peak association representing Australia's allied health professions. AHPA's membership collectively represents some 145,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners, including the largest rural and remote allied health workforce numbering some 14,000 professionals. AHPA is the only organisation with representation across all disciplines and settings.

With over 200,000 allied health professionals, allied health is Australia's second largest health workforce. Allied health professionals work across a diverse range of settings and sectors, providing services including diagnostic and first-contact services, preventive and maintenance-focused interventions for people with chronic and complex physical and mental illnesses, supporting pre- and post-surgical rehabilitation, and enabling participation and independence for people experiencing temporary or long-term functional limitations. Allied health also provides an essential bridge between the medical sector and social support systems such as aged care and disability, where it can represent the key formal health support in a person's life.

AHPA provides representation for the allied health sector and supports all Australian governments in the development of policies and programs relating to allied health. AHPA works with a wide range of working groups and experts across the individual allied health professions to consult, gather knowledge and expertise, and to support the implementation of key government initiatives.

Introduction

Working Better for Medicare Review. Consultation response.

Terms of Reference: <https://www.health.gov.au/sites/default/files/2023-12/terms-of-reference-working-better-for-medicare-review.pdf>.

1. In your view/experience, what are the main issues regarding access to primary care, GPs and/or medical specialists, and their distribution across Australia?

Allied Health Professions Australia (AHPA) thanks the review team for the opportunity to provide an allied health perspective on distribution issues for the primary care workforce. While government initiatives focus on medical professions, allied health professionals are a key part of the primary care system and may in many cases be the first and primary point of contact for consumers.

From an allied health perspective, workforce supply issues are an issue across all professions active in primary care and most professions are represented in the current skills priority list published by the Department of Jobs and Skills.

The main issues that exacerbate this issue are:

- a) Distribution of allied health professionals is not currently measured by government and there is no measure to determine allied health distribution priority areas.
- b) The allied health sector does not currently have a workforce strategy or workforce funding program that identifies and addresses the key distribution issues.
- c) Allied health professions may not be registered by an Australian Health Practitioner Regulatory Authority (AHPRA) Board resulting in a lack of central workforce data.
- d) Practitioners may have substantially different areas of expertise that need to be considered for the purpose of distribution. E.g., a profession may work in diverse areas such as paediatrics, disability, mental health, or aged care as well as primary care.
- e) Allied health professionals in primary care draw on a wide range of funding sources that would need to be included in any use of funding to measure activity and/or need.

2. How do the workforce distribution levers being reviewed:

- **help or support access to primary care, GPs and/or medical specialists?**

The current workforce distribution levers do not support access to primary care allied health services and it is unlikely that expansion of the program in its current form to include allied health professions would substantially impact workforce distribution.

Some allied health professions do not have access to Medicare rebates for primary care services, while others may be eligible for rebates for services but do not provide Medicare-funded services due to the limitations on funding items. For example, many allied health professions can only access rebates for services provided to consumers with chronic conditions with durations of six months or more. This makes access to Medicare of limited value in general for many allied health practitioners and not an effective lever to encourage practitioners to work in areas of limited supply.

Despite this, we note our view that a modified version of this program, focused on allied health and addressing the data issues noted below could be effective. Access to a Medicare provider number is sometimes needed for practitioners to access other funding sources and may be a partial lever. In addition, the current Workforce Incentive Program – Practice Stream, while ineffective in its current form as a means of increasing access to allied health practitioners in areas of low distribution, could have its funding re-directed to support a workforce distribution program for allied health. In this case, funding could be used to support any primary care practice (including non-GP practices) in an area of priority to access rebates for staff salaries.

- **hinder or limit access to primary care, GPs and/or medical specialists?**

The workforce distribution levers being reviewed hinder access to primary care allied health services as there is no equivalent to the Distribution Priority Area or District of Workforce Shortage measures for allied health professions currently in use by government and no meaningful measure of allied health distribution.

However, AHPA argues strongly that developing and using measures such as ratios of allied health workforce to population is an important means of supporting current workforce initiatives such as the Workforce Incentive Program – Practice Stream which aims to provide increased access to allied health services but has no foundation in workforce demand data and no means of prioritizing funding in areas of greater need as a result. It is also a means of supporting the development of new programs and measures to support allied health workforce development and distribution.

Developing measures that draw on data such as Medicare billing and population to measure ratios would only be partially effective due to the limited nature of Medicare billing and would need to be supplemented by Australian Prudential Regulation Authority (APRA) Private Health Insurer data and other government and compensation scheme funding scheme data.

- **impact the availability of training opportunities for primary care, GPs and/or medical specialists?**

The lack of ability to target workforce measures, including the development and implementation of workforce development programs and funding, for areas of shortage of allied health workforces negatively impact the availability of training opportunities. The office of the National Rural Health Commissioner reported the need for increased training opportunities in rural and remote regions in its work on the allied health. However that work has not yet commenced. The development and use of more accurate distribution data about allied health would provide an important foundation for improved training opportunities.

- **impact the quality of practice of primary care, GPs and/or medical specialists?**

3. What are the possible solutions to the issues you have highlighted that could improve access to primary care, GPs and/or medical specialists? What needs to change about the workforce distribution levers or how they are used?

The allied health sector is in urgent need of an allied health workforce strategy, and new, targeted, and fit-for-purpose workforce programs, that focus on ensuring improved distribution of, and access to, public and private primary care and community-based services. This work needs to account for not only primary care in the narrower,

medical model that drives most Commonwealth Department of Health policy, but also on the broader range of primary care and community services provided by allied health practitioners for older consumers, people with disability, children with developmental and behavioural issues, for consumers with eye or hearing issues and much more. It also needs to account for the impact of demand for those allied health services from other sectors such as aged care and disability.

In doing so, careful consideration of how to gather data about workforce distribution will be needed, including how to measure demand against distribution, how to account for different areas of practice within individual professions, and how to measure demand in different areas of funding and account for their impact on workforce availability. The inadequacy of current data measurements can be seen in previous government workforce initiatives such as the National Mental Health Workforce Strategy which conflated occupational therapy and social work due to data gaps, despite the differences between the two professions.

Solutions will need to involve more consistent gathering of data from self-regulating allied health professions, noting that the peak associations in these cases are the only form of data equivalent to that collected by AHPRA, and additional work and support may be required by government to allow those professions to provide this data. By working with the sector and the individual allied health peak associations to better understand how and what to measure, and how to address workforce distribution issues, government will be well-placed to develop meaningful solutions for the sector.

Responses

In responding to the consultation paper, AHPA has limited its responses to those questions of the greatest relevance to the allied health workforce. We encourage the Department to contact us if additional information is sought on any aspects of the proposed reforms.