



Catholic Health Australia – National Allied Health Workforce Strategy Submission

March 2025

Catholic Health Australia

www.cha.org.au

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services. CHA Members provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care provision.

Our members account for over 15 per cent of hospital-based healthcare in Australia and operate hospitals in each Australian state and in the Australian Capital Territory, providing about 30 per cent of private hospital care and 5 per cent of public hospital care in addition to extensive community and residential aged care.

CHA not-for-profit providers are a dedicated voice for the disadvantaged which advocates for an equitable, compassionate, best practice and secure health system that is person-centred in its delivery of care.

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Executive summary

Catholic Health Australia (CHA) is Australia's largest non-government, not-for-profit group of health, community, and aged care providers. Our members operate over 80 hospitals in each Australian state and in the Australian Capital Territory, providing around 30 per cent of private hospital care and 5 per cent of public hospital care, in addition to extensive community and residential aged care. CHA members also provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care services.

CHA appreciates the opportunity to provide input into the draft National Allied Health Workforce Strategy (the Strategy). As leaders in allied health, CHA members look forward to working with the Strategy Steering Group during the consultation process to ensure the National Allied Health Workforce Strategy fully supports all allied health professions to better contribute towards a high-quality and safe health and aged care system for all Australians, irrespective of their wealth or geography.

Overall CHA is supportive of the comprehensive nature of the Strategy, which captures the commonality of a very diverse profession well. The accompanying consultation paper clearly articulates the rationale for a cohesive, national strategy for allied health, as well as the context that the Strategy sits within.

CHA appreciates the work undertaken by the Department of Health and Aged Care to address allied health workforce demand, shortages and broader challenges around sustainability and viability. CHA is supportive of the development of a national strategy for the sustainability and growth of an allied health workforce. This submission outlines opportunities for the Strategy to demonstrate alignment with broader workforce planning efforts, incorporating lessons learnt from CHA members who operate across both health and aged care sectors.

Key observations and issues related to the draft Strategy articulated in our submission include:

- strengthening strategies to promote awareness of allied health professions as a career, including working towards a clearer definition of allied health;
- an increased focus on telehealth and addressing the challenges and potential benefits of artificial intelligence;
- increasing the range of strategies to attract and retain allied health professionals, including strategies to support increased career mobility;
- allied health assistants should be in the Strategy's scope given the important role they play, particularly in thin markets; and
- more clearly articulating the role of Government in regulatory reform, such as funding a sufficient number of university places and funding research to support workforce planning efforts.

CHA has also made some recommendations for the implementation plan of the Strategy. Specific recommendations have been detailed on subsequent pages of our submission.

Our list of recommendations

Recommendations relating to amendments to the National Allied Health Workforce Strategy

Recommendation 1: Allied health needs to be defined in order for the profession to attain appropriate funding and recognition. This could be achieved through including a reference to the definition of allied health in the Introduction, referencing page 9 of the document, such as by adding ‘Encompassing a broad range of highly trained health professionals typically with university-level qualifications **as noted on page 9.**’ Page 9 should then include an appendix containing an exhaustive list of allied health professionals in scope of the Strategy, including allied health assistants.

Recommendation 2: Consider allied health assistants (AHAs) to be in-scope for the purposes of the Strategy, and explicitly refer to AHAs as a key aspect of the allied health workforce.

Recommendation 3: Strengthen the vision statement to be: “Australians have access to high-value, client-centred and culturally safe allied health services with a growing, valued, **skilled** and supported allied health workforce that reflects the needs of our communities and the diversity of our population, including Aboriginal and Torres Strait Islander peoples.”

Recommendation 4: The policy context ‘Reforms to regulation’ should indicate in more detail what action Government is taking in relation to the inconsistencies in regulation between AHPRA and self-regulated professions, given the importance of this policy context.

Recommendation 5: The policy context ‘Future workforce capabilities’ should specifically include the issue of the need for sufficient university places to be funded by the Government.

Recommendation 6: The policy context ‘Future workforce capabilities’ should add wording about the increasing use of telehealth by allied health professionals, particularly in rural and remote areas; and addressing the challenges and potentially harnessing the benefits of artificial intelligence.

Recommendation 7: An additional policy context for the draft Strategy could include the following:

- a. Financial viability concerns affecting the private hospital sector, exacerbated by the lack of a standardised definition of allied health, have contributed towards inconsistencies in understanding and recognition of allied health professionals in private healthcare settings compared to public health settings.
- b. Expand the paragraph about the lack of a consistent, clear definition of ‘allied health’ that this can add to inconsistencies in allied health coverage between the public and private sectors.

Recommendation 8: An additional policy context for the draft Strategy could include the following:

- a. The role and responsibility of State and Territory governments to implement policy priorities in relation to allied health workforce planning and differentiate this from the role and responsibility of the Federal government.

- b. Include an action to nationally coordinate and establish a register of key workforce planning actions with allocated responsibilities and resources towards either Federal or State governments, that is regularly reviewed by a group similar to that of the Allied Health Industry Reference Group.

Recommendation 10: Expand Action 1.2 to: “Grow **and fund** research that focuses on allied health workforce capability, models of care and their contribution to best-practice healthcare.”

Recommendation 11: Align the development of accreditation standards and professional capability frameworks referenced in Action 1.4 to the National Skills and Capability Framework & Matrix proposed in the Unleashing the Potential of our Health Workforce report (2024).

Recommendation 12: Expand Action 2.1 to: “Develop, fund, and implement a national allied health workforce data set to have consistent collection across self-regulated and Ahpra-registered professions in both public and private settings. To address this, the AIHW Meteor data set for allied health should be built on and be mandated at the federal level, applicable to the public and private sector with the potential to bridge the various care sectors.”

Recommendation 13: Consider requiring all of the larger allied health professions (as determined by the workforce dataset) to be registered with AHPRA in order to expand their workforce data collection so that it is comprehensive to the allied health profession.

Recommendation 16: Ensure that Priority Three articulates the requirement for allied health training to align with the future care needs in a range of health, aged and disability settings. This could include expanding the Priority to: “Build a sustainable allied health workforce that **reflects the care needs and diversity of our communities.**”

Recommendation 20: Consult with Aboriginal and Torres Strait Islander stakeholders on the need for Action 4.1 to say ‘Implement evidence-based and innovative culturally safe strategies to attract, retain and support. . .’

Recommendations to support the implementation of the National Allied Health Workforce Strategy¹

Recommendation 9: Promote awareness of allied health professions through a combination of the following:

- Investigate alternative pathways to streamline promotion efforts across different care settings; and/or
- Review current funding models for allied health professionals in private hospital and aged care settings.

Recommendation 14: As part of the implementation plan, undertake the following activities to support Action 2.2 and 2.3:

- a. Greater investment in seeking health, aged, and disability care provider feedback on allied health disciplines that support preventative and restorative care practices in a multidisciplinary team.

¹ Note that these recommendations have been outlined in a different colour to distinguish them from recommendations relating to the draft Strategy.

- b. Jobs and Skills Australia should measure the number of allied health professionals who leave the workforce and for what reasons, adding this to its 2025-26 Workplan currently being drafted, under Outcome 2: *Understanding Labour Market Pressures and Drivers*.

Recommendation 15: As part of the broader implementation plan for Action 2.4, include undertaking nationally coordinated workforce planning in partnership with health and aged care providers in both private and public settings to ensure all local nuances are appropriately captured.

Recommendation 17: As part of the implementation plan, identify options to address the key barriers for allied health students to undertake placements.

This may include the following activities as a Federal government responsibility:

- In the short-to-medium term, expand the Commonwealth Prac Payment to include a range of priority allied health professions based on workforce shortages;
- In the longer term, subsidise rent for priority allied health professions by introducing additional salary packaging allowances when renting within a certain proximity to work

This may also include the following implementation activities as part of a strategic partnership between tertiary education providers and both health and aged care providers:

- Co-design student placement programs in partnership with both health and aged care providers
- Undertake regular, coordinated collection of student feedback to support the joint delivery of tailored wraparound supports for allied health students on placements
- Ensure that all allied health students receive training in using telehealth equipment and running telehealth consultations so that they have the skills and confidence to deliver high quality care to patients in rural and remote areas.

Recommendation 18: To support the implementation of Action 3.3 and Action 3.4:

- a. Design specific incentives to address barriers for implementing innovative models of care in a range of health and aged care settings.
- b. Contribute towards the National Skills and Capability Framework and Matrix as recommended in the Scope of Practice Review, ensuring that known legislative and regulatory barriers impacting allied health professions are reflected in this Framework.

Recommendation 19: To support the implementation of Action 3.5, explore mechanisms for integration of allied health professionals that were trained internationally as part of strategies to attract, support and retain allied health professionals, especially those from diverse backgrounds.

Recommendation 21: As part of implementing Action 5.4, ensure that allied health professionals have the infrastructure and equipment to work in rural and remote areas through such measures as infrastructure grants to provide telehealth services.

Submission

CHA is supportive of the development of a national strategy for the sustainability and growth of Australia's allied health workforce. This submission outlines opportunities for the Strategy to demonstrate alignment with broader workforce planning efforts and outlines some lessons learnt from CHA members who operate across both health and aged care sectors.

Section 1: Introduction

In the main, the Introduction is clear and comprehensive in its articulation of the scope and context associated with the allied health workforce.

However, standardised nomenclature for allied health activity is a pre-requisite to growing wider community and industry understanding of the role of allied health and in turn achieving the appropriate funding instruments and value recognition.

Accordingly, the introduction needs to reference the definition of allied health on page 9 for clarity, and this definition needs to be clearer. This can be achieved by adding 'Encompassing a broad range of highly trained health professionals typically with university-level qualifications **as noted on page 9**, . . . ' Page 9 should then include an appendix containing an exhaustive list of allied health professionals in scope of the Strategy, including allied health assistants as noted in Recommendation 2 below.

Case Study

DURING COVID, THE DEFINITION OF 'ALLIED HEALTH PRACTITIONER' WAS DEFINED NARROWLY AS THOSE HEALTH PROFESSIONS THAT ARE REGISTERED WITH THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY (AHPRA). ONLY THESE ALLIED HEALTH PROFESSIONALS WERE ELIGIBLE FOR PERSONAL PROTECTIVE EQUIPMENT (PPE), RESULTING IN ON-THE-GROUND IMPACTS FOR OTHER ALLIED HEALTH PROFESSIONALS AND THEIR CLIENTS.

Recommendation 1: Allied health needs to be defined in order for the profession to attain appropriate funding and recognition. This could be achieved through including a reference to the definition of allied health in the Introduction, referencing page 9 of the document, such as by adding 'Encompassing a broad range of highly trained health professionals typically with university-level qualifications **as noted on page 9**.' Page 9 should then include an appendix containing an exhaustive list of allied health professionals in scope of the Strategy, including allied health assistants.

The draft Strategy acknowledges the important role of allied health assistants (AHAs) in enabling allied health professionals to work to their full scope of practice. However, it also states that AHAs are not considered in-scope. CHA and its members strongly believe that AHAs should be included in the scope of this draft Strategy due to their crucial role in

multidisciplinary teams, especially in regional, rural, and remote settings. CHA and its members have observed that in thin markets, where allied health professionals are scarce, the model of care heavily relies on the support of AHAs. Given that this group supports many diverse disciplines, they may provide future strategic workforce advantages. Therefore, CHA recommends that AHAs are considered in-scope for the finalisation of the Strategy, and explicitly referenced as a key aspect of the allied health workforce.

Recommendation 2: Consider allied health assistants (AHAs) to be in-scope for the purposes of the Strategy, and explicitly refer to AHAs as a key aspect of the allied health workforce.

Strategy Overview

Vision

CHA and our members consider that this is a concise and appropriate articulation of the strategy's vision. However, it would be strengthened with the addition of the word 'skilled' after 'with a growing, valued, **skilled** and supported allied health workforce.' This would appropriately recognise the importance of the allied health workforce contributing towards high quality care across health, aged, and disability care settings. Additionally, this would reflect the significant role that allied health professionals play in areas of disease prevention, early intervention, and more broadly, the delivery of wraparound supports and health promotion activities, as noted in the subsection 'Allied Health in demand' on page 7 of the consultation paper.

Recommendation 3: Strengthen the vision statement to be: "Australians have access to high-value, client-centred and culturally safe allied health services with a growing, valued, **skilled** and supported allied health workforce that reflects the needs of our communities and the diversity of our population, including Aboriginal and Torres Strait Islander peoples."

Section 2: Policy contexts

Reforms to regulation

This Policy context on reforms to regulation notes that the challenges resulting from the inconsistencies in regulation between AHPRA and self-regulated professions are reflected in some recent reviews, and the resulting reforms may influence some of the draft Strategy's priorities. This section should also indicate in greater detail what action Government is taking in relation to the inconsistencies in regulation between AHPRA and self-regulated professions. This is an important policy context which impacts many of the other policy contexts as noted in the draft Strategy, so this additional detail is warranted.

Recommendation 4: The policy context 'Reforms to regulation' should indicate in more detail what action Government is taking in relation to the inconsistencies in regulation between AHPRA and self-regulated professions, given the importance of this policy context.

Future workforce capabilities

This Policy context should specifically include the issue of the need for sufficient allied health university places to be funded by the Government. This is a significant aspect of the allied health workforce pipeline that should be articulated for completeness. In practice, this could build on existing policies that have allocated additional Commonwealth-Supported Places (CSPs) to address skill shortages in various fields. It is important that the number of CSPs offered should be aligned with broader allied health workforce planning efforts based on a nationally-coordinated and managed evidence base. This may include the identification of specific allied health professions with workforce shortages as a priority to be addressed through targeted attraction of new university entrants via increased CSPs. Specific recommendations relating to the role of the Commonwealth is discussed in our response to Priority Three: Build a sustainable allied health workforce.

Recommendation 5: The policy context 'Future workforce capabilities' should specifically include the issue of the need for sufficient allied health university places to be funded by the Government.

As part of the future allied health workforce capabilities, this policy context should also articulate the context of increasing use of telehealth by allied health professionals, which allied health professionals like dietitians and speech pathologists rely on in rural and remote areas; and addressing the challenges and potentially harnessing the benefits of artificial intelligence. Specific recommendations and considerations for implementation are outlined in our response to Priority Three: Build a sustainable allied health workforce, and Priority Five: Grow, support and retain regional, rural and remote allied health workforce.

Recommendation 6: The policy context 'Future workforce capabilities' should add wording about the increasing use of telehealth by allied health professionals, particularly in rural and remote areas; and addressing the challenges and potentially harnessing the benefits of artificial intelligence.

Funding and other incentives between sectors and states

The private hospital sector in Australia is facing significant challenges.² Financial performance has been declining, with operating profits and margins decreasing over recent years.³ This is due to a variety of reasons, in particular cost inflation and lagging premium increases. Additionally, stringent capital reserve requirements for private health insurers have reduced funding flow to hospitals, and wage increases and unfunded capital expenditures are adding to the financial burden.

This context of the financial viability concerns affecting private hospitals should be clearly articulated within this section of the draft Strategy, as the financial state of private hospitals may contribute to challenges in supporting allied health professionals in private hospitals. Furthermore, it is the experience of CHA and its members that allied health is not well defined within the private system, and equally not well understood. This is exacerbated by the absence of a standardised definition of allied health. This further impacts on allied health workforce mobility between private and public settings, including missed opportunities to address immediate allied health workforce gaps.

Recommendation 7: An additional policy context for the draft Strategy could include the following:

- a. Financial viability concerns affecting the private hospital sector, exacerbated by the lack of a standardised definition of allied health, have contributed towards inconsistencies in understanding and recognition of allied health professionals in private healthcare settings compared to public health settings.
- b. Expand the paragraph about the lack of a consistent, clear definition of 'allied health' that this can add to inconsistencies in allied health coverage between the public and private sectors.

Furthermore, this section could look to describe the role of State versus Federal government responsibilities as they affect the allied health workforce. Misalignment between Federal and State governments can result in challenges with implementing cohesive and effective reforms. Misalignment may make workforce planning efforts at the State level duplicative of Federal government efforts, or vice versa. It may also produce unintended consequences such as allied health professionals moving from one sector to another (such as from aged care to disability); one setting to another (such as from acute to community health); or between states; rather than growing the workforce.

² For more information, please refer to: CHA Pre-budget Submission 2025-26: Health Policy (January 2025)

³ [Private health insurers' profits rise while private hospitals struggle - CathNews](#)

The Strategy should look to mitigate the risks of inconsistencies between Federal and State government workforce planning efforts and policy priorities. This could include by establishing a register of key actions with allocated responsibilities and resources towards either Federal or State governments, that is regularly reviewed by a group similar to that of the Allied Health Industry Reference Group. This work should be coordinated nationally.

Recommendation 8: An additional policy context for the draft Strategy could include the following:

- a. The role and responsibility of State and Territory governments to implement policy priorities in relation to allied health workforce planning and differentiate this from the role and responsibility of the Federal government.
- b. Include an action to nationally coordinate and establish a register of key workforce planning actions with allocated responsibilities and resources towards either Federal or State governments, that is regularly reviewed by a group similar to that of the Allied Health Industry Reference Group.

Section 3: Priorities

CHA and its members broadly agree with the priorities set out in this section. It is important to consider the context in which these priorities in the draft Strategy should be achieved. While these Priorities and associated Actions generally address the various drivers impacting allied health professionals, it does not address the differences in experiences of allied health professionals working in the private sector. This section of the submission will outline specific areas for consideration relating to the private health and aged care sector as the draft Strategy is finalised.

Priority One: Enhance the impact of allied health professionals

CHA and its members are supportive of the Objective outlined in this Priority area, and believe that the optimisation of allied health practice, leadership and research capability are highly useful to improve service delivery. However, it is important to recognise that there is limited visibility over the impact of allied health professionals at various levels, including that within their teams, in specific care settings, and also at the sector level.

Action 1.1 Promote awareness of allied health professions and training pathways

Action 1.3 Implement tailored and meaningful funding mechanisms, subsidies and incentives to better facilitate integration of allied health professionals into broader healthcare teams

CHA recognizes a significant opportunity to enhance patient care by encouraging allied health professionals to work at their "top of scope." This means enabling these professionals to fully utilise their skills, training, and expertise in their roles. Greater recognition can lead to more support and resources for allied health services, further enhancing their ability to contribute effectively to a range of care settings. As such, CHA is supportive of the **Action 1.1** to "Promote

awareness of allied health professions and training pathways” with particular focus on “recognising and promoting the value of allied health professions and training pathways.”

CHA recommends that an additional Action to supplement this could be the ‘Investigation of alternative pathways to streamline promotion efforts across different sectors.’ This could include incorporating lessons learnt from aged care into hospital-specific resources, or vice versa. CHA believes that this would be aligned with **Action 1.3** and the design of new allied health funding mechanisms, subsidies and incentives to assist in addressing barriers attributable to the differences in funding models between specific care sectors. CHA also recommends that a review of current funding models in these care settings is required to establish an evidence-base for these new allied health funding mechanisms, subsidies and incentives. This review should consider the nuances associated with multidisciplinary team-based approaches to care.

Recommendation 9: As part of the implementation of the Strategy, promote awareness of allied health professions through a combination of the following:

- Investigate alternative pathways to streamline promotion efforts across different care settings; and/or
- Review current funding models for allied health professionals in private hospital and aged care settings.

Action 1.2 Grow research that focuses on allied health workforce capability, models of care and their contribution to best-practice healthcare

Many CHA members are allied health leaders who are well-positioned to provide insight on how the impact of allied health professionals could be better captured. For example, research into allied health workforce capability and their contribution to best practice healthcare could be piloted in partnership with some CHA members. Moreover, this could be an opportunity to trial a range of indicators to define and enhance the impact of allied health professionals, such as their support in the delivery of care minutes. This may result in a better understanding of patient outcomes attributable to a strong multidisciplinary team that includes allied health professionals.

Case Study

ONE CHA MEMBER NOTES THAT THEIR ALLIED HEALTH WORKFORCE MAKES UP 10% OF THEIR 17,000+ WORKFORCE DISTRIBUTED ACROSS DISABILITY, HOSPITAL CARE AND COMMUNITY SERVICES. THIS DEMONSTRATES THE SIGNIFICANT IMPACT THAT ALLIED HEALTH PROFESSIONALS HAVE ON THE HEALTH, AGED AND DISABILITY CARE SECTORS AND THE IMPORTANCE OF RECOGNISING THEM FOR THIS IMPACT.

CHA recommends that **Action 1.2** could be expanded to “Grow **and fund** research that focuses on allied health workforce capability, models of care and their contribution to best-practice healthcare,” to address financial concerns around the prioritisation of allied health professionals particularly in the private sector.

Recommendation 10: Expand Action 1.2 to: “Grow **and fund** research that focuses on allied health workforce capability, models of care and their contribution to best-practice healthcare”.

Action 1.4 Design accreditation standards and professional capability frameworks to better equip allied health professionals with the skills required to deliver contemporary evidence-based care

CHA and its members believe that more work is required to increase career mobility for health professionals working in the aged care and disability sectors. This is particularly important for allied health professionals as they are expected to work across various care sectors and settings. As outlined in the Unleashing the Potential of our Health Workforce report (2024), there is a limited understanding of the scope of practice boundaries and range of skills and capabilities that are relevant to a range of health care contexts. This has contributed towards a limited recognition of the transferrable skills and capabilities of the allied health workforce, which further hinders workforce flexibility and agility to meet emerging gaps. It is the experience of CHA and its members that some allied health professions find it challenging to effectively transfer skills from one care sector to another. This produces inefficiencies when it comes to recruiting and on-boarding new staff, or re-training staff from a different care sector to address existing workforce gaps. This is exacerbated by each care sector competing with one another over the shared pool of allied health professionals.

CHA recommends that the Strategy aligns the professional capability frameworks referenced in **Action 1.4** to the National Skills and Capability Framework & Matrix, as proposed in the Unleashing the Potential Report, to improve understanding of health professional skills and capabilities and establish a basis for workforce planning. This may help address barriers identified in the consultation paper of allied health professionals being unable to work to their full potential and deliver contemporary care.

Recommendation 11: Align the development of accreditation standards and professional capability frameworks referenced in Action 1.4 to the National Skills and Capability Framework & Matrix proposed in the Unleashing the Potential of our Health Workforce report (2024).

Priority Two: Improve national allied health workforce data and planning

Action 2.1 Develop and implement a national allied health workforce data set to have consistent collection across self-regulated and Ahpra-registered professions

National allied health data, including allied health workforce data, is fragmented and incomplete. CHA and its members strongly agree that enhanced data is needed to better understand allied health activity, supply and demand in public and private settings, and across sectors and jurisdictions. Moreover, Strategic priorities 1 and 2 are intrinsically linked. They need to be implemented concurrently in order that clear definitions, data and evidence-based activity of the respective large number of autonomous professional groups that make up the umbrella term 'allied health' may inform workforce planning.

However, it is important to understand the extent to which there are gaps in the currently available datasets. For example, it is the experience of CHA and its members that the [Allied](#)

[health admitted patient care National best practice data set](#) (AHAPC NBPDS)⁴ is not readily adopted in the private sector given the cost implications associated with the rollout and retrofitting required for patient administration systems. To address this, the AIHW Meteor data set for allied health should be built on and be mandated at federal level, applicable to the public and private sector with potential to bridge the various care sectors (health/aged care/disability/social services).

As such, CHA recommends that Action 2.1 is expanded to include these nuances: “Develop, **fund**, and implement a national allied health workforce data set to have consistent collection across self-regulated and Ahpra-registered professions **in both public and private settings**.” Additionally, the implementation plan supporting Action 2.1 should look to incorporate lessons learned from the existing activity-based data collection processes. This may involve a need to undertake reviews of both non-admitted and admitted patient care data collection processes to explore options to streamline its efficiency and effectiveness.

Recommendation 12: Expand **Action 2.1** to: “Develop, **fund**, and implement a national allied health workforce data set to have consistent collection across self-regulated and Ahpra-registered professions **in both public and private settings**. To address this, the AIHW Meteor data set for allied health should be built on and be mandated at the federal level, applicable to the public and private sector with the potential to bridge the various care sectors.”

Ideally, in order to collect accurate workforce data around the allied health workforce nationally, it would be preferable for all of the larger professions to be registered with AHPRA. Not all of the professionals who belong to the self-regulated allied health professions (for example speech pathology and social work) are members of their associations, and AHPRA is well placed to expand its data collection to the self-regulated allied health professions given that they already collect robust workforce data each year from the registered professions.

Recommendation 13: Consider requiring all of the larger allied health professions (as determined by the workforce dataset) to be registered with AHPRA in order to expand their workforce data collection so that it is comprehensive to the allied health profession.

Action 2.2 Improve visibility and understanding of training and workforce supply, distribution and activity across allied health professions and the sectors they work in

Action 2.3 Complete supply and needs-based demand modelling for professions and sectors

There is an opportunity for the draft Strategy to emphasise greater investment in preventative and restorative healthcare practices, which are typically core components of allied health work

⁴ The scope of the [Allied health admitted patient care National best practice data set \(AHAPC NBPDS\)](#) is to collect information on all episodes of care for admitted patients which include allied health service events in public hospitals. Included in this data set are episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. (AIHW)

in health, aged and disability care settings. This is particularly important given the [Strengthened Aged Care Quality Standards](#) that will come into effect from 1 July 2025, which includes specific references to preventative and restorative care.⁵ Similarly, the [National Preventive Health Strategy 2021-2030](#) also reflects the importance of integrated care as the foundation for enhancing preventative and restorative care practices. Given this context, CHA recommends that Action 2.2 and 2.3 are operationalised through greater investment in seeking health, aged, and disability care provider feedback on allied health disciplines that support preventative and restorative care practices in a multidisciplinary team.

As part of these Action areas, it would be of value to measure the number of allied health professionals who leave the workforce and for what reasons. This could be undertaken by Jobs and Skills Australia and added to its 2025-26 Workplan currently being drafted, under Outcome 2: *Understanding Labour Market Pressures and Drivers*, in the 2024-25 project that is publishing insights about skills shortage drivers, including a new longitudinal data asset to better understand training gap and retention gap drivers.⁶

Recommendation 14: As part of the implementation plan, undertake the following:

- a. Action 2.2 and 2.3 should also be operationalised through greater investment in seeking health, aged, and disability care provider feedback on allied health disciplines that support preventative and restorative care practices in a multidisciplinary team.
- b. Jobs and Skills Australia should measure the number of allied health professionals who leave the allied health workforce and for what reasons, adding this to its 2025-26 Workplan currently being drafted, under Outcome 2: *Understanding Labour Market Pressures and Drivers*.

Action 2.4 Undertake coordinated evidence-based workforce planning at both a regional and national level

Many CHA members are leaders in allied health across various care settings, making them well-suited to advise on and support coordinated, evidence-based workforce planning. This is crucial for accurately capturing and managing the unique aspects of allied health professionals in different settings, such as community services and hospitals, and for addressing existing data limitations. Furthermore, a national approach to workforce planning should consider regional variations, particularly given the political interactions that may occur at a jurisdictional level.⁷ While CHA and its members are supportive of Action 2.4, these considerations should be incorporated into the broader implementation plan to operationalise Action 2.4.

Recommendation 15: As part of the broader implementation plan for Action 2.4, include undertaking nationally coordinated workforce planning in partnership with health and aged care providers in both private and public settings to ensure all local nuances are appropriately captured.

⁵ Standard 3: The Care and Services

⁶ [Jobs and Skills Australia 2024-25 Work Plan](#) page 12.

⁷ Refer to Section 2: Policy Contexts

Priority Three: Build a sustainable allied health workforce

CHA and its members are supportive of the focus on contributing towards a sustainable allied health workforce. Improvements in training and career pathways is an appropriate means to achieve a workforce that can readily meet the future needs of allied health care in different sectors and specialties. Future patient care needs, in health, aged and disability settings, should be a core component in the design and uplift of training and career pathways for allied health professionals. For example, it is the experience of CHA and its members that there is a gap in the knowledge and utilisation of allied health professionals to support a patient's medical and surgical journey in an acute setting. This gap translates into the following challenges:

- Allied health professionals, such as physiotherapists, occupational therapists, and dietitians, are underutilised in private acute settings. Their potential contributions to patient recovery and holistic care are not fully recognised.
- Additionally, the shift towards private outpatient services and the adoption of new medical models require a more integrated approach to patient management.
- The private system's reliance on per diem and case payments, structured along service lines, can create financial and administrative challenges to appropriately recognise the impact of allied health professionals in the private sector.

There is an opportunity for the draft Strategy to articulate the requirement for allied health professional training to align with the future patient care needs in a range of health, aged and disability settings. This is particularly important to support stronger integration of allied health professionals within patient healthcare teams and may help address latent capacity within the private hospital sector. An improved understanding of allied health professional scope of practice⁸ may also support the ability of workers to be readily integrated and moved between inpatient and outpatient settings while ensuring that patients receive consistent and comprehensive care. Fundamentally, alignment of training requirements with the future care needs of Australians in a range of care settings will help achieve the Vision set out in the draft Strategy.⁹ The language of this Priority area could accordingly be expanded to: "Build a sustainable allied health workforce that reflects the care needs and diversity of our communities."

Recommendation 16: Ensure that Priority Three articulates the requirement for allied health training to align with the future care needs in a range of health, aged and disability settings. This could include expanding the Priority to: "Build a sustainable allied health workforce that reflects the care needs and diversity of our communities."

Action 3.2 Enhance student supports, supervision incentives and clinical placement opportunities to develop capabilities and support work readiness

CHA and its members are supportive of **Action 3.2** where it calls for an enhancement of student placement opportunities and supervision incentives to strengthen the allied health training pipeline, build capability, and ensure future supply of allied health professionals. This subsection of the consultation paper details a range of considerations contributing to

⁸ Refer to Section One: Introduction

⁹ Refer to Section One: Vision

'placement poverty' that deters prospective students from entering into allied health career pathways.

Case Study

A TRAINING SUPERVISOR OF A CHA MEMBERS PROVIDED AN EXAMPLE WHERE OCCUPATIONAL THERAPIST STUDENTS DID NOT HAVE FUNDING SUPPORT TO COMPLETE 10-WEEK UNPAID PLACEMENTS. THIS IS EXACERBATED BY LIMITED ACCOMMODATION AVAILABLE AT AFFORDABLE AMOUNTS, PARTICULARLY IN REGIONAL, RURAL AND REMOTE AREAS.

Federal government should be a key stakeholder to support the implementation of Action 3.2. This could involve the following:

- **In the short-to-medium term, expand the Commonwealth Prac Payment to include a range of priority allied health professions based on workforce shortages.** The Payment will commence from 1 July 2025 but will only be available to students studying a select range of courses when they are undertaking mandatory placements. Gaps in multidisciplinary teams requiring allied health professional support should be identified and prioritised in future rounds of the Commonwealth Prac Payment. This will support workforce planning efforts to grow a future supply of allied health professionals to meet shortfalls in care teams and ensure a strong supply of allied health professionals.
- **In the longer term, subsidise rent for priority allied health professions by introducing additional salary packaging allowances when renting within a certain proximity to work.** The increasing cost of housing across Australia (no longer limited to major metropolitan areas) is contributing to challenges in recruiting and retaining staff in aged care. Many aged care services are clustered in suburbs where affordable housing and rental properties are not available. Clinical placements are a mandatory requirement for students to qualify for accreditation. An investment into supporting allied health students would deliver a pay advantage to a workforce that is struggling to attract new entrants. It would alleviate a key barrier that not-for-profit aged care providers face in recruiting staff. Further, incentivising priority allied health professions to work at facilities local to them may lead to improved retention rates.

Recommendation 17a: As part of the implementation plan, identify options to address the key barriers for allied health students to undertake placements. This may include the following activities as a Federal government responsibility:

- In the short-to-medium term, expand the Commonwealth Prac Payment to include a range of priority allied health professions based on workforce shortages;
- In the longer term, subsidise rent for priority allied health professions by introducing additional salary packaging allowances when renting within a certain proximity to work.

Tertiary education providers should look to strategic partnerships with both health and aged care providers to achieve **Action 3.2**. This may include the following implementation activities:

- **Co-design student placement programs in partnership with both health and aged care providers.** It is the experience of CHA and its members that clinical placement programs for allied health students are significantly varied between health and aged care settings. This is perceived as a barrier to develop allied health capability and work readiness. CHA members believe that supervisors could be trained to use lessons learnt from hospital settings for implementation in aged care settings. This is due to hospital settings being perceived as a more established environment to supervise student placements and/or deliver training programs. This will provide students with a quality placement experience to improve retention of allied health professionals in aged care, concurrently addressing allied health workforce shortages in aged care whilst helping to address the broader workforce challenges for aged care workers.
- **Undertake regular, coordinated collection of student feedback to support the joint delivery of tailored wraparound supports for allied health students on placements.** Tertiary education providers could undertake more comprehensive collection of student feedback in relation to their experience of placements. This feedback could then be used as the basis for designing wraparound supports for students and delivered in partnership with health and aged care providers. These supports could include increased access to targeted resources (i.e., transportation) that may reduce logistical barriers to help students better engage with their placements. Additionally, these supports could include facilitated networking opportunities for students, further enhancing work readiness in a range of settings.

Recommendation 17b: As part of the implementation plan, identify options to address the key barriers for allied health students to undertake placements. This may also include the following implementation activities as part of a strategic partnership between tertiary education providers and both health and aged care providers:

- Co-design student placement programs in partnership with both health and aged care providers
- Undertake regular, coordinated collection of student feedback to support the joint delivery of tailored wraparound supports for allied health students on placements

In terms of student supports, CHA's members suggest that all allied health students should receive training in using telehealth equipment and running telehealth consultations so that they have the skills and confidence to deliver high quality care to patients in rural and remote areas. In the long-term, this would contribute towards the achievement of Priority 5: Grow, support and retain regional, rural, and remote allied health workforce.

Recommendation 17c: As part of the implementation plan, all allied health students should receive training in using telehealth equipment and running telehealth consultations so that they have the skills and confidence to deliver high quality care to patients in rural and remote areas.

Action 3.3 Create pathways for lateral and vertical career progression, and incentives to increase allied health professionals in generalist, specialised, research, clinical education and leadership roles.

Action 3.4 Address regulatory and legislative barriers to access and supports that are known to contribute to attrition.

To support the implementation of **Action 3.3** and **Action 3.4**, the implementation plan could consider designing specific incentives required to address barriers for implementing innovative models of care in a range of health and aged care settings. These incentives could involve subsidises for transitional training for generalist allied health professionals to support specialist staff where there is a reported gap in the allied health workforce. Specific supports, such as amendments to legislation, could help address these barriers. Moreover, as the home care system is transitioned into Support at Home under the new *Aged Care Act (2024)*, there will be increased demand for case management and regular reassessment of older peoples' care needs. There is an opportunity for the allied health workforce to be recognised and supported to work towards the top of their scope of practice by being involved in the process of assessing changing care needs of older people. However, key enablers required to support these examples would be: (1) a consistent definition of allied health, (2) shared understanding of the scope of allied health professions, and (3) alignment of jurisdictional authorising processes with national scope descriptions.¹⁰

Case Study

IT IS IMPORTANT THAT ALLIED HEALTH PROFESSIONALS ARE RECOGNISED FOR THEIR CONTRIBUTIONS TOWARDS DELIVERY OF QUALITY AGED CARE SERVICES. IMPORTANTLY, ALLIED HEALTH PROFESSIONALS, SUCH AS DIETICIANS, SHOULD BE EMPOWERED TO WORK TOWARDS THEIR OPTIMAL SCOPE OF PRACTICE ALONGSIDE MEDICAL AND NURSE PRACTITIONERS. CHA HAS RECOMMENDED THIS IN ANOTHER SUBMISSION, RECOMMENDING THAT SECTION 196C (C) OF THE SUPPORT AT HOME RULES IS EXPANDED TO INCLUDE ACCREDITED PRACTICING DIETICIANS AS A CERTIFYING BODY ON WHETHER AN INDIVIDUAL HAS A MEDICAL NEED FOR ENTERAL FEEDING GIVEN THEIR TRAINING AND QUALIFICATIONS IN THIS AREA.

Recommendation 18: To support the implementation of Action 3.3 and Action 3.4:

- a. Design specific incentives to address barriers for implementing innovative models of care in a range of health and aged care settings.
- b. Contribute towards the National Skills and Capability Framework and Matrix as recommended in the Scope of Practice Review, ensuring that known legislative and regulatory barriers impacting allied health professions are reflected in this Framework.

¹⁰ *Unleashing the Potential of our Health Workforce (Scope of Practice Review)*, reform option 1.3

Action 3.5 Design and implement strategies to attract, support and retain future and current allied health professionals, at all stages of their careers, including those from diverse backgrounds

Furthermore, the implementation plan supporting **Action 3.5** should explore mechanisms for integration of allied health professionals that were trained internationally as part of strategies to attract, support and retain allied health professionals, especially those from diverse backgrounds. As outlined in this subsection, Australia's population is diverse and should be supported by an allied health workforce that is representative of the diversity of the Australian population.¹¹ It is the experience of CHA and its members that there are extensive bureaucratic processes in place that hinder the translation of international accreditation for practice in Australia. This has resulted in qualified allied health professionals choosing different career pathways upon moving to Australia due to a perception of risk in re-training or the length of time required to obtain relevant certification to practice in allied health. CHA recommends that universities managing allied health training courses consider flexible pathways for priority allied health professions. This could include shortened re-assessment pathways for allied health professionals qualified in their home country to receive qualifications needed to join the allied health workforce.

Case Study

ONE CHA MEMBER REPORTS THAT MANY PERSONAL CARE WORKERS (PCW) IN THEIR AGED CARE SERVICE WERE FORMERLY TRAINED ALLIED HEALTH PROFESSIONALS IN THEIR HOME COUNTRY AND HAVE OPTED TO BE A PCW DUE TO PERCEIVED STABILITY OF INCOME AND OTHER BARRIERS WITH OBTAINING A QUALIFICATION TO PRACTICE AS AN ALLIED HEALTH PROFESSIONAL IN AUSTRALIA.

Recommendation 19: To support the implementation of Action 3.5, explore mechanisms for integration of allied health professionals that were trained internationally as part of strategies to attract, support and retain allied health professionals, especially those from diverse backgrounds.

¹¹ Refer to comments on Vision in Section One: Introduction.

Priority 4: Grow, support and retain the Aboriginal and Torres Strait Islander allied health workforce

CHA and its members are supportive of this Priority area and the elements outlined within it.

In relation to Priority 4.1 'Implement strategies to attract, retain and support the Aboriginal and Torres Strait Islander allied health workforce in alignment with the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031' and Priority 4.3, 'Create and support pathways for progression from the VET sector to higher education for Aboriginal and Torres Strait Islander allied health students', one member outlined the below case study. This is illustrative of the need for tailored, innovative and evidence-based responses that address the barriers to growing, supporting and retaining the Aboriginal and Torres Strait Islander allied health workforce.

Case Study

AS PART OF THE RECONCILIATION ACTION PLAN, IN PARTNERSHIP WITH THEIR LOCAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION, THE HOSPITAL INVITED ABORIGINAL AND TORRES STRAIT ISLANDER HIGH SCHOOL STUDENTS TO COME TO THE HOSPITAL TO UNDERTAKE HANDS-ON ACTIVITIES. THEY NOW HAVE AN INDIGENOUS STUDENT WHO ATTRIBUTES THE EXPERIENCE AS INFLUENCING HER TO WORK IN THE FIELD OF ALLIED HEALTH.

Recommendation 20: Consult with Aboriginal and Torres Strait Islander stakeholders on the need for Action 4.1 to say 'Implement evidence-based and innovative culturally safe strategies to attract, retain and support...'

Priority 5: Grow, support and retain regional, rural and remote allied health workforces

CHA and its members support this Priority and underpinning actions. CHA supports addressing the challenges of rural/regional maldistribution and the need for strategies, skills and programs beginning in the tertiary and VET sector to strengthening the workforce's digital capabilities. This is particularly where we face growing demand and critical shortages and where allied health spans all sectors such as health, aged care, and disability. Any future policy, funding, or workforce pipelines should be supportive of cohesion between sectors and not competition.

In terms of Action 5.2: 'Implement strategies that facilitate place-based learning and development of rural and/or remote clinical placement opportunities for allied health students,' CHA's members suggest that allied health providers and students on placement should have access to infrastructure, such as telehealth equipment, to help grow allied health coverage in rural areas. This would also increase the opportunities for students undertaking rural/remote placements to learn the skills of how to operate and facilitate telehealth consultations.

CHA and its members support Action 5.4 and its suggestion of increasing the value of government incentives to be commensurate with incentives for nursing or medical professionals. This may be worth investing in as part of the range of policy tools deployed to address the barriers to growing the allied health workforce in rural and remote areas, to help address cost of living pressures and provide equity with other health professions.

CHA's members suggest that a grant to buy infrastructure to support health professionals working in rural and regional areas would make a significant difference. Allied health professionals often rely on telehealth to provide services in rural and remote areas, so infrastructure support to facilitate this is important.

Case Study

A MEMBER NOTED THAT THE PRIMARY HEALTH NETWORK IN MELBOURNE OFFERED GRANTS OF \$20,000 TO BUY EQUIPMENT, WHICH MADE A DIFFERENCE TO THE WORKFORCE.

Recommendation 21: As part of implementing Action 5.4, ensure that allied health professionals have the infrastructure and equipment to work in rural and remote areas through such measures as infrastructure grants to provide telehealth services.