What does Allied Health mean within the context of Aboriginal and Torres Strait Islander Health?

Purpose of this discussion paper

The purpose of this paper is to encourage discussion and guide thinking amongst the IAHA membership about the term ‘allied health’, what it means for Indigenous health, and for IAHA as an organisation. The ultimate aim of this discussion is to have a definition of allied health for ourselves as an organisation.

This paper sets out some background issues and poses questions for consideration. There are potential implications for our Association Rules if we were to follow through with some of these issues; the important thing is to consider and discuss them in the first place.

IAHA encourages you to read the paper, consider the issues, and to write to us with any comments or ideas you may have in relation to this matter. The ideas are not set in stone and there may be issues that we’ve overlooked. In any case, we would like to receive your feedback, as its meant to encourage discussion.

Feedback

Deadline for feedback will be 10th August 2012, as set out below. Please email your feedback to Mr Craig Dukes, CEO, IAHA at ceo@indigenousalliedhealth.com.au, or feel free to phone him on (02) 6285 1010.

Background

The idea to have a review of our current definition of allied health arose following IAHA member feedback. Given the broad range of allied health professions as set out in the IAHA Rules¹ and the constant advances in health and medical specialisation and technologies, the definition would need to be reviewed from time to time in any case. Most importantly however this discussion provides the opportunity to reflect what allied health means for IAHA as an Aboriginal and Torres Strait Islander health / health workforce organization.

Proposed Timeline

| April 2012 | Circulate discussion paper for consideration and feedback by IAHA members |
| Mid June  | Reminder to membership to provide feedback on discussion paper |
| 10th August | Feedback to IAHA Secretariat |
| Late August | Co-ordination of feedback by IAHA Secretariat |
| Early September | Board considers member feedback |
| | Development of new definition for consideration at AGM (or endorsement of current definition, depending on member feedback) |
| 24th November 2012 | Consideration of definition at IAHA AGM |

What are we defining?

In considering these issues, it is useful to ask ourselves what we are attempting to define, and for what purpose? Is it:

- What is Indigenous allied health?
- What does allied health mean for Indigenous health?
- What is an Indigenous allied health workforce?
- What does allied health mean for IAHA?
- A combination of some or all the above?
- Something else?

Why are we having this discussion?

In order to establish a clear way forward for IAHA, we need to know precisely what we’re here for and what our objectives are. Our key objectives are currently a little unclear and could also benefit from some internal review. To this end, as mentioned above, the strategic plan has been reviewed by the IAHA Board and will be forwarded to IAHA membership for comment by mid-May 2012.

While we’re considering fundamental principles, the Board believes it would be useful to reflect on a definition of allied health – what that means for us as an organisation, which professions are included and what level of qualification we can support. Most important of all, IAHA should consider what allied health means for Indigenous health and how an Indigenous allied health force can contribute to Closing the Gap in life expectancies and health outcomes for our people.

This discussion requires time and reflection. There are a range of issues that need to be thought through before IAHA reaches a final position on this matter. This paper seeks to outline a number of issues that will impact on development of a definition of allied health.

At its last Board meeting, the IAHA Board revised its Vision, and it’s Purpose, within the context of revision of the IAHA Strategic Plan. The IAHA Draft Strategic Plan will be forwarded to the membership by mid-May 2012, for comment. They are included here for consideration in the context of the definition discussion.

**IAHA Vision**

AHA will have advanced Indigenous health through its contribution to the national health agenda, representation of, and education opportunities for Indigenous allied health professionals.

**IAHA Purpose**

For Indigenous Australians to have access to professionally and culturally competent allied health services and Indigenous allied health professionals that are recognised and part of a holistic approach to Indigenous Health.

Defining Allied Health

The plural nature of the allied health workforce means there isn’t a universal definition of ‘allied health’. In the mainstream context there is no consistent agreement on what comprises the allied health workforce at either the stakeholder, jurisdictional or national level. If we are to consider what the term means for Aboriginal and Torres Strait Islander health, there are even greater complexities for us to consider.

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The term broadly refers to the range of tertiary-qualified health professionals who are not doctors or nurses. IAHA's own definition as defined in the Association Rules is as follows:

"allied health profession" means any health profession with tertiary qualified health professionals who apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function, including, at the time of registration of the Association: audiology; dietetics; exercise physiology; occupational therapy; optometry; orthoptics; pharmacy; physiotherapy; podiatry; prosthetics & orthotics; psychology; radiography & sonography; social work and speech pathology - and as amended from time to time by members at a general meeting. The definition does NOT include the medical, nursing, oral health, public health, health worker, clinical support health, complementary or alternative health professions.

The current IAHA definition is broadly based on the SARRAH definition of allied health.

**Status of Aboriginal and Torres Strait Islander Health**

We’re all too well aware of the burden of disease experience by Indigenous Australians. That burden is estimated to be two and a half times greater than that of the Australian population. Aboriginal and Torres Strait Islander people experience higher death rates than non-Indigenous Australians across all age groups, from all major causes of death.³ Better service delivery - including allied health services, and a strong Indigenous health workforce - including skilled and qualified allied health professionals, are vital if we are to Close the Gap in the unacceptable life expectancy and health outcomes for our people.

**The Indigenous Health Workforce**

A competent health workforce is vital to ensure that the Australian health system can provide a culturally safe and culturally competent services for our people's health and wellbeing. While 2.3% of the Australian population is Aboriginal and Torres Strait Islander people, only 1.6% of the national health workforce is made up of Aboriginal and Torres Strait Islander people.⁴ Consequently, we have some way to go to bring the Indigenous health workforce up to parity with that of the mainstream health workforce.

**Aboriginal Definition of Health**

Aboriginal and Torres Strait Islander people have a holistic view of health – a view which is underpinned by cultural, spiritual and social wellbeing, as well as the physical aspect of health. As an Aboriginal and Torres Strait Islander health and health workforce organisation, we are mindful that the definition of Aboriginal health differs from that of the mainstream definition.

(a) The ‘NAHS’ definition: - “Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.”⁵

This was a well accepted definition, first identified and broadly agreed in 1989, and further developed in the seminal Aboriginal mental health report "Way’s Forward":⁶

(b) “The Aboriginal concept of health is holistic, encompassing mental health and physical, cultural, and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the “whole body” but in fact is steeped in the harmonised inter-relations which constitute cultural well-being. These inter-relating factors can be categorised largely as spiritual, environmental, ideological, political, social,

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⁴ *Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A BLUEPRINT FOR ACTION*
⁵ (National Aboriginal Health Strategy 1989)
economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist.”

For Aboriginal and Torres Strait Islander people, health is more than being cared for by doctors, nurses and other health professionals. Health for our people sits within a number of dimensions — cultural, spiritual, social, emotional and physical – and within historical, traditional and contemporary context. As an Indigenous health organisation, IAHA should reflect, and be closely connected to our community understanding of health.

In reviewing our definition of allied health and what it means for IAHA, a number of questions can be considered:

- Does IAHA wish to formally endorse the definition of Aboriginal health? If so,

Where does traditional healing sit in relation to Indigenous allied health?

Is traditional healing an aspect of allied health for us? It is useful to note here that under the Objects of the Association in the IAHA Rules of Association (page 2), states that in pursuing our objects, IAHA will "provide for activities of preservation, respect and the sharing of Traditional Healing Knowledge". This raises a number of questions including:

- What does this object mean for IAHA in practical terms?
- How does traditional healing relate to Indigenous allied health?

Tertiary qualified or VET qualified?

In order to develop an Indigenous allied health workforce, which in turn contributes significantly to closing the gap in Indigenous life expectancy and health outcomes, should IAHA support:

- A comprehensive allied health workforce?
  - This would include Allied Health Assistants. (See Attachment “B”) This group of professionals are broadly VET sector qualified with a TAFE Certificate II, III, or IV in Allied Health Assisting, others may have qualifications and/or experience in areas such as enrolled nursing, aged care, community care, rehabilitation, etc.

NOTE: The IAHA Rules are unclear in relation to allied health assistants. As it currently reads, Aboriginal or Torres Strait Islander allied health assistant cannot be an associate member, whereas a non-Indigenous individual can. The rules need to be made clearer for an Indigenous allied health assistant to become an associate member of IAHA. See page 4 of the Rules.
  - Or is IAHA’s core business about tertiary qualified health professionals? If this is the case, there are other professions which could be included in IAHA’s definition.

Registration -vs- Accreditation

How does the matter of registration impact on a potential definition of allied health? It may be preferable to be guided by allied health course accreditation requirements rather than registration requirements.

Other Professions for consideration under current definition

The following tertiary-qualified professions could be considered for inclusion under our definition of Indigenous allied health:

- Paramedics - Tertiary level paramedic courses are available at a range of universities across Australia, eg Bachelor of Health Science (Paramedic), Victoria University, Bachelor Emergency

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Health (Paramedic), Bachelor of Nursing/Emergency Health (Paramedic), Monash University, and Australian Catholic University.

- **Indigenous mental health practitioner** - The Djirruwang Aboriginal and Torres Strait Islander Mental Health program at Charles Sturt University (CSU) Wagga Wagga NSW delivers a tertiary level course in mental health. This would be an example of recognizing accreditation over registration.

- **Chiropractor** - Currently there are four universities in Australia that have chiropractic degree programs: (RMIT, Macquarie, Murdoch and Central Qld)

- **Physician Assistant** - A Physician Assistant (PA) is a healthcare professional who is trained and licensed to practice medicine under the supervision of a physician. The physician is not required to be physically present but should be available for consultation if needed via telephone, internet, site visits or other means. Hence PAs work autonomously and are usually the only healthcare provider in medically under-served areas. A number of PA courses are offered by Australian universities.

- **Medical Laboratory Science** – Graduate degree from a range of universities

- **Art Therapists** - Art therapy is a form of individual, family and group psychotherapy in which participants engage in visual art processes within a therapeutic relationship with a highly trained art therapy practitioner. Art therapy is internationally recognised as a valuable therapeutic approach to assisting people in times of emotional distress, and can be effective for clients with a wide range of psychological, social and physical problems. It is offered as a Masters postgraduate qualification from institutions including University of Western Sydney, Latrobe University and Queensland University

- **Music Therapists** - assist clients with physical, psychological, emotional, cognitive and social needs that be addressed within a therapeutic relationship. Bachelor / post graduate level course required

- **Epidemiologist/Public Health / Health Promotion** - In the past, IAHA received a request from an Indigenous public health (epidemiologist) to be considered as a full IAHA member (Note: all three included in Qld Indigenous Allied Health Cadetships)

- **Oral Health Therapy / hygiene** – Bachelor level qualified - included in the NSW Allied Health Cadetship program

- **Clinical Measurement Scientists** – a group of several distinct disciplines that include: cardiac science, clinical neurophysiology, critical care science, heart valve bank, respiratory science, sleep science, urology and vascular ultrasound. Require a science degree with a strong component of human anatomy and physiology. They are included in the Qld Indigenous Allied Health Indigenous Cadetships Program.

- Others?

Note: Nurse Practitioners would be represented by nursing bodies - CATSIN in the context of indigenous health workforce.

**Conclusion**
The above matters are set out to prompt preliminary thought and discussion in relation to IAHA’s deliberations in relation to the development of a definition of Indigenous allied health.

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Extract from the Services for Australian Rural and Remote Allied Health (SARRAH) website:

**Allied Health Assistants** support the delivery of allied health services, under the direction of Allied Health Professionals. They may be a generalist role, working with a number of allied health professionals such as occupational therapy, physiotherapy, podiatrists, dieticians and speech pathology, or they may be employed specifically to work with one occupational group.

Allied Health Assistants must work under the supervision of the relevant Allied Health Professional (i.e. tasks must be delegated to them by an Allied Health Professional). The level of supervision and monitoring will depend on the experience, skill and qualifications of the assistant and the practicalities of the work environment. Supervision may range from face to face daily interaction to less frequently and by telephone or video. The scope of practice for assistants (what they can and can’t do) is guided by the employing organisational and professional associations/regulatory bodies.

**Benefits of Allied Health Assistants**

Allied Health Assistants have benefits to the clients (more contact time), the clinician (freeing up time for higher level clinical practice) and the local community in developing positions and career opportunities that may not otherwise be available.

In terms of workforce, Allied Health Assistants can facilitate a continuity of service with a stable workforce sector (Allied Health Professionals tend to come and go), opportunities to develop a local health workforce where for a number of reasons tertiary education is not an option, and providing employees with a ‘taste’ of what an Allied Health Professional does that may lead on to a career in an allied health field.

**Skills and Qualification**

In a remote and rural practice context you will likely encounter Allied Health Assistants with a range of skills and qualifications. Some have no formal qualifications; some will have a TAFE Certificate II, III, or IV in Allied Health Assisting, others may have qualifications and/or experience in areas such as enrolled nursing, aged care, community care, rehabilitation, etc. In remote and rural areas Allied Health Assistants most often receive their training in-house and on the job. The level of training and experience of the Allied Health Assistant will determines what roles they are able to undertake.

**Allied Health Assistants & You**

As an Allied Health Professional in a rural or remote area you will very likely be working with support staff, particularly Allied Health Assistants. If you are working with an Allied Health Assistant, think about:

- What role and duties does the Allied Health Assistant/s undertake?
- Does your organisation/professional association/regulatory body have guidelines for working with Allied Health Assistants?
- How does working with Allied Health Assistants support your role?
- How can you best support Allied Health Assistants working with you?
- How do Allied Health Assistant change the way health services are delivered?