

AUSTRALIAN ALLIED HEALTH FORUM

Founded in January 2013, the Australian Allied Health Forum (“The Forum”) is a collaborative of representatives from allied health organisations who work together on issues of national importance to the allied health professions and the Australian public.

Context

Australia has more than 120,000 Allied Health Professionals, who work in the public sector, private practice, community health, family services, non-government organisations, universities, education, justice, welfare and in programs funded by the Australian Government.

There is universal agreement that allied health must play a key role in the design of the health system and that the Australian community has the right of equity of access to the right practitioner, in the right place and at the right time.

It is evident that the Australian Government and its agencies are looking for a way to engage Allied Health Professionals and their organisations that is effective and efficient. The capacity for allied health nationally to respond comprehensively and appropriately to progress policy reform issues is currently limited by the complexity and multiplicity of professions and the contexts within which they work. However, there are many common positions on issues which can be clearly and quickly developed and communicated to contribute to the reform processes and to progress allied health priorities.

Purpose

The Forum will contribute to Australian Government policies in relationship to:

- Allied health services across the broad range of sectors in which they operate;
- AHP workforce development (including education and training);
- Progressing allied health priorities.

Key Activities

- Identify areas of common interest / concern to the Allied Health workforce and services across all sectors;
- Work towards a position of consensus on identified issues;
- Take joint action in areas of importance to allied health; and
- Develop joint position statements which provide recommended policy directions for government and other relevant stakeholders.

Membership

Founding members of the Australian Allied Health Forum are:

- Allied Health Professions Australia (AHPA)
- Indigenous Allied Health Australia (IAHA)
- National Allied Health Advisors Committee (NAHAC)
- Services for Australian Rural and Remote Allied Health (SARRAH)

Description of Allied Health

In May 2013, the Forum agreed on the following definition:

Allied Health Professionals (AHPs) are qualified to apply their skills to retain, restore or gain optimal physical, sensory, psychological, cognitive, social and cultural function of clients, groups and populations. Allied Health Professionals hold nationally accredited tertiary qualifications (of at least Australian Qualifications Framework (AQF) Level 7 or equivalent), enabling eligibility for membership of their national self-regulating professional association or registration with their national Board. The identity of allied health has emerged from these allied health professions’ client focused, inter-professional and collaborative approach that aligns them to their clients, the community, each other and their health professional colleagues.



AUSTRALIAN ALLIED HEALTH FORUM

AAHF Shared Priorities 2014/15

1. AHP Workforce Development

- 1.1. Greater equity in education and training supports and incentive programs for AHPs, such as HECS reimbursement and scholarships.
- 1.2. Improvements in training, development, recruitment and retention support, in particular for:
 - 1.2.1. *Indigenous Allied Health Professionals
 - 1.2.2. Rural and Remote -- workforce undersupply and maldistribution, pathways and roles, and building capacity for rural clinical placements
 - 1.2.3. Expanding scopes of practice and associated accreditation pathways
- 1.3. Initiatives to improve the cultural responsiveness of the AHP workforce, including through addressing gaps in the curriculum of professional entry programs, and better access to continuing professional development (CPD) funding.

2. AHP Workforce Data

- 2.1. Addressing gaps in quality and depth of AHP workforce data to inform workforce modelling, policy, programs and education, including differentiation by remoteness and *Indigenous identification.

3. Health Funding

- 3.1. Reform of Medicare and other Commonwealth funding programs to incentivise workforce models that meet community needs, including direct access to Allied Health, address maldistribution of workforce (eg: geographic provider numbers), team-based care, case management and greater use of Telehealth.
- 3.2. Greater flexibility in health funding models to increase AHP access, including Telehealth services.
- 3.3. Working with the Independent Hospital Pricing Authority to address gaps in Activity Based Funding models for Allied Health

4. eHealth, Technology and PCEHR

- 4.1. Greater access for AHPs to eHealth systems (including Personally Controlled Electronic Health Record and Telehealth) including funding for equipment, infrastructure, technical support and training.
- 4.2. Development and standardisation of allied health clinical data sets

5. Accreditation and Registration

- 5.1. Aspiring towards an equally valued regulation system for all health professions in Australia, to ensure inclusion of self-regulated and non-regulated professions in policy, programs and funding.
- 5.2. Improve efficiency and cost-effectiveness of the National Regulation Accreditation Scheme (NRAS).

6. Assistant and Support Workforce

- 6.1. Funding, training and career pathway support, where appropriate, to facilitate the growth and expansion of the Assistant and Support Workforce

7. Inclusion of Allied Health in key Commonwealth Priority Areas

- 7.1. Increasing opportunities for AHP engagement in the development of Commonwealth policies, programs and models of care, including by working in partnership with the Chief Allied Health Officer

*** For the purpose of this document, the term Indigenous refers to Aboriginal and/or Torres Strait Islander peoples.**

