



**S·A·R·R·A·H**  
Services for Australian  
Rural and Remote Allied Health

**Discussion Paper – for comment and to stimulate debate**

## **A Framework for the Categorization of the Australian Health Professional Workforce**

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## Section 1. Executive Summary

There has long been confusion at Commonwealth and State level in terms of the health workforce and allied health has variously been used to describe a range of professionals within the 'non-medical, non-nurse' ('nm,nn') health professional workforce.

A straightforward, pragmatic methodology was developed by SARRAH to establish the category for 'allied health'. This included the following three stages:

1. Collating a sample of the general definitions which have been used over the past decade to describe the allied health professions
2. Collating and reviewing the definitions and groupings used by a broad range of key stakeholders for 'allied health' / 'other health' / 'ancillary health'. This to investigate the disciplines that are commonly grouped under the term 'allied health'.
3. A consultation with key stakeholders from the allied health and the rural and remote health sector to gain feedback about the definition

### 1.01 Proposed definition of allied health professional

Health professionals must meet the following criteria in order to be part of the **allied health professional workforce**:

- *Tertiary qualified health professionals who apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function;*
- *Health professionals who use clinical reasoning skills whilst working directly with patients to restore and optimise function on an individual basis;;*
- *Health Professionals who are tertiary qualified, completing recognised entry level university degrees;*
- *Health Professionals who are required to obtain specific qualifications to either obtain State or Territory registration; license or accreditation to practice; or to join the relevant professional association;*
- *Health Professionals who are "allied" or aligned to each other and other members of the health professional workforce, working together as part of a multidisciplinary team to achieve best practice outcomes for the client across the health system;*
- *Health Professionals who are 'allied' or aligned with health consumers, the consumer's family and other carers, and with the community in order to achieve best outcomes for the consumer.*

SARRAH currently identifies that the term "allied health" applies to those clinical health professions that are committed to negotiation with each other over the specificities of issues; to collegiate planning and acceptance of common governmental policies to cover their activities whether in regard to HIC, Medicare, undergraduate and postgraduate support, rural & remote support, etc.

SARRAH puts forward the following proposal for consideration:

### 1.02 Classification of the Health Professional Workforce

#### (a) Proposal for consideration:

Planning to meet the health needs for the Australian ageing population both now and in the future is high on the national agenda. Health workforce reform is part of the Council of Australian Government national agenda<sup>(1)</sup> as COAG moves to implement recommendations from their commissions Productivity Commission Research Report on the Australian Health Workforce<sup>(2)</sup>. To facilitate workforce planning and reform there is an urgent need to further categorise the disciplines within the broader health professional workforce.

It is proposed that the Australian Health Professional Workforce comprises the following categories:

**(i) Medical Professions**

Health professionals must meet the following criteria in order to be part of the medical health professional workforce:

- *Health professionals who have obtained an entry level medical degree from a recognised university;*
- *Health Professionals who are required to obtain specific qualifications to obtain State or Territory registration.*

**(ii) Nursing Professions**

Health professionals must meet the following criteria in order to be part of the nursing health professional workforce:

- *Health professionals who have obtained an entry level nursing degree from a recognised university;*
- *Health Professionals who are required to obtain specific qualifications to obtain State or Territory registration.*

**(iii) Allied Health Professions**

Health professionals must meet the following criteria in order to be part of the allied health professional workforce:

- *Tertiary qualified health professionals who apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function;*
- *Health professionals who use best available evidence and clinical reasoning skills whilst working directly with patients to restore and optimize function on an individual basis*
- *Health professionals who have obtained an accredited entry level degree from a recognised university;*
- *Health professionals who are required to obtain specific qualifications to obtain State or Territory registration; license or accreditation to practice; or to join the relevant professional association;*
- *Health professionals who are 'allied' or aligned to each other, other members of the health professional workforce, health consumers, the consumer's family and others carers, and with the community, working together as part of a multidisciplinary team to achieve best practice outcomes for the client across the health system.*

**(iv) Oral Health Professions**

Health professionals must meet the following criteria in order to be part of the oral health professional workforce:

- *Health Professionals who are involved in dental and oral health services incorporating both direct and indirect patient care*
- *Health professionals who have obtained an accredited entry level degree from a recognised university;*
- *Health Professionals who are required to obtain specific qualifications to be registered or to join a professional association*

### **(v) Public Health Professions**

Health professionals must meet the following criteria in order to be part of the public health professional workforce:

- *Health Professionals who work with communities and other organisation to create circumstances that promote and protect health, prevent injury, ill health and disease;*
- *Work with health consumers on a population rather than individual basis;*
- *Health professionals who have obtained an accredited entry level degree from a recognised university;*
- *Health professionals who monitor health and implement services to improve life expectancy and the quality of life, disease and injury prevention measures; promote and educate on healthier lifestyles; and protect health through disease prevention services and legislation.*
- *Health professionals, who develop, maintain and report upon health data sets.*

### **(vi) Health Workers and Assistants**

Health workers meet the following criteria:

- *Do not have a tertiary undergraduate degree, may have advanced diploma, diploma or certificate level qualifications;*
- *Generally are trained within the vocational sector;*
- *Provide both direct and indirect client care;*
- *Will generally work under the guidance of a tertiary trained health professional;*
- *Health care workers and assistants work with members of the tertiary trained health professional workforce;*
- *Health care workers and assistants may provide a variety of health services in regions where there is limited access to allied health professions.*

### **(vii) Clinical Support Health Professions**

Health professionals must meet the following criteria in order to be part of the Non-clinical and support health professional workforce:

- *Health Professionals who are involved indirectly with consumer care, providing services to clinicians in areas such as quality client records, health information management systems, hospital librarians, e-health, research and development; and technical support.*
- *Health Professionals who are tertiary trained doing accredited university degrees*

### **(viii) Complementary/Alternative/Natural Therapy Health Professions**

Health professionals must meet the following criteria in order to be part of the Complementary health professional workforce:

- *Health Professionals involved in direct client contact providing direct treatment, assessment, patient management and education;*
- *Health Professionals whose training is primarily managed through private vocational training institutions, but may be part of traditional university sector;*
- *Health Professionals who maintain that their service provision is directed towards the philosophy of a holistic approach to health and wellbeing;*
- *Health Professionals who do not work as part of a recognised multidisciplinary team and are not recognised as "allied" or 'aligned' to other members of the health professional workforce.*

The health workforce also comprises professions that are multi-sectorial:

**(ix) Administrative Professions**

- *Professionals who are involved primarily with the administration and management of health services*
- *Professionals whose involvement with the community involves the planning of health services.*

**(x) Other Professions**

- *Professions or Artisans with or without a recognised tertiary qualification who provide motivational, psychological and rehabilitation support services for clients.*

To develop such categorisations within the broader health workforce would clearly assist with future policy development and workforce planning and support. Policy and programs would be more able to be targeted at a specific category within the broader health workforce. This would give clarity, target and purpose to policy development and assist in the implementation and administration of any support programs. Such an approach would remove the current situation of all health professionals and health workers who do not fit within medicine and nursing being considered as allied health.

The health disciplines themselves are required to identify the category to which they best fit. The ability to specifically target and recognise the role and value of the difference groups within health service delivery and to generate programs and policy directed towards a specific group or groups will remove much of the current debate surrounding allied health workforce planning – the who, what and which professions to be included and excluded.

## **Section 2. Introduction**

Services for Australian Rural and Remote Allied Health Inc have prepared this discussion paper to stimulate discussion and debate regarding the use of the term 'allied health'. SARRAH believes that it is essential that the use of the term is clarified in order to progress policy and program development regarding the 'allied Health' workforce in rural and remote Australia

- *Section Three* outlines the criteria for classification that have emerged from this investigation into the usage of the term 'allied health'. It elaborates why a classification for 'allied health' within the broader concept of the non-medical, non-nurse health professional workforce is needed and the parameters for prioritising support within this classification;
- *Section Four* commences an exploration of the processes to arrive at this classification. This included collating broad definitions of the concept 'allied health profession'. From this, key attributes that are included and excluded are listed. This section also highlights that this classification has been developed from the perspective of the health professional, not the health service user or health service purchaser;
- *Section Five* continues the collation process by outlining the results of the investigations into over 50 definitions, collating and reviewing what health professions are included under the term 'allied health' / 'other health' / 'ancillary health', by a broad range of key stakeholders across five different categories;

## **Section 3. Background**

### **3.01 The need for an agreed classification**

Determining a classification of 'allied health' health professions for rural and remote Australia is essential for future rural health policy development. There has been increasing commitment at the national and state / territory health sector levels to improve the level of access that rural and remote residents have to medical and nursing services. There is also

demonstrated commitment, albeit on a relatively small scale, to improving the level of access to clinical services provided by health professionals that are neither medical nor nursing – the allied health professions (e.g. Multipurpose Centres, Regional Health Services, More Allied Health Services, MedicarePlus Allied Health and Dental MBS items, Australian Rural and Remote Health Professional Scholarship and Rural Allied Health Undergraduate Scholarship Schemes). The focus is on those non-medical and non-nursing professions who have a direct impact on health and wellbeing by the services they provide. These professions, like their medical and nursing colleagues, work with health consumers on an individual basis, often as part of a multidisciplinary team, with the aim to diagnose, assess, manage and treat as well as prevent illness and injury.

There is an urgent need to develop quality information and advice about rural and remote allied health professionals in terms of:

- Workforce planning and resource allocation benchmarks
- Evidence based recruitment and retention support strategies
- Guidelines for supporting the sole practitioner
- Programs to assist with vacancies

This information will contribute to the development of models of best practice allied health service delivery in rural and remote regions. There needs to be understanding and agreement between key stakeholders to enable the classification to be utilised in strategic policy and program development relating to the rural and remote allied health workforce across Commonwealth and State jurisdictions.

The need to clarify which health professions are included in the term 'allied health' was identified as critical by Fitzgerald et al<sup>(3)</sup> in the comprehensive workforce study of Australian rural and remote allied health professionals. These authors argued that because there is no nationally accepted definition, health professionals, employers and consumers have problems over identity and problems around which health services are prioritised and funded. However, the rural and remote health sector is not the only jurisdiction that struggles with this definition – it is an issue across all sectors of the health system. It is argued that defining the allied health professions is not only a critical internal issue relevant to health professionals generally, but also a critical external issue for the entire health system.

SARRAH again identified the need to develop a nationally accepted definition of allied health in their proposal to the Department of Health and Ageing to manage the National Rural and Remote Allied Health Advisory Service (NRRHAS) which was funded in 2002<sup>(4)</sup>. An outcome of the funding contract with the Department stated that the Service would “develop a working definition of allied health as applicable to rural and remote areas by 30 June 2002”<sup>(5)</sup>. The first version of this paper was produced as a result of this work. However, work was ceased when the release of the paper defining allied health stimulated intense debate amongst and lobbying by the non-medical and non-nursing professions when funding was made available for a national postgraduate allied health scholarship scheme. Without a nationally accepted definition as to which disciplines comprised “allied health” many non-medical, non-nursing disciplines wanted to be included in order to access the funding. As a result, there continues to be debate and lack of clarity regarding the allied health professions.

A research study on the Australian Allied Health Workforce undertaken by the Australian Health Workforce Advisory Committee in 2004 highlighted the lack of a clear and consistent agreement on what comprises the allied health workforce<sup>(6)</sup>. There is lack of consistency and an array of different interpretations of which occupations are included at national, jurisdictional and stakeholder level. The inclusions and exclusions are often context determined. However, it would appear that there are a ‘core’ group of health professions which all stakeholders include in their determinations of allied health workforce (AHWAC report, pg 14).

The AHWAC report highlighted that it is “considered desirable and necessary to clearly define the allied health workforce and the professions that constitute that workforce” (pg 14) and that further work must be undertaken to create the definition. This discussion paper provides the evidence of this recognition of ‘core’ professions in its investigation of common inclusions across a range of stakeholders.

### 3.02 Establishing a 'standard' classification

The classification structure developed using the pragmatic straightforward approach undertaken in writing this discussion paper reflects a broad consensus of views and is intended to establish a 'norm' or standard classification – somewhat like a template. Although various jurisdictions / organisations may have differences, this classification can be used as the baseline.

Acceptance across jurisdictions of the broad classification structure for the Australian Health Workforce will enable the targeting of policy and programs to specific groups of professions. The differing needs of the groups in relation to support, education and training (both at undergraduate and postgraduate levels), recruitment and retention will be recognised.

This classification must be reviewed from time to time to ensure it remains reflective of broad consensus opinion, as the allied health sector is dynamic and changing.

In the next five to ten years it is anticipated that the landscape may change substantially as health professions lobby to become recognised and accepted, new professions emerge / strengthen and others undergo role redevelopment / redesign / extension.

### 3.03 Prioritising the professions

Within the above classification specific disciplines can be targeted for support. The process for making decisions about priorities for support and advice can be based on the data collected through:

- 1 The current state and territory workforce data and the ABS 2006 census on workforce distribution – where reports are generated for specific target groups within the classification structure (e.g. allied health, oral health, medicine and nursing).
- 2 the Australian Institute of Health and Welfare workforce reports<sup>(7-11)</sup> – currently undertaken on a three year cycle for certain disciplines that are considered 'allied health' (physiotherapy 2006, occupational therapy 2006, podiatry 2006, psychology 2006, optometry – not undertaken since 2001).
- 3 Australian Institute of Health and Welfare reports on Australian Health Status – indicating areas of need for health services, particularly in rural and remote regions.
- 4 An analysis of the interventions required to address the National Health Priority Areas, recognising the contribution by health professional clinicians (medical, nursing and allied health) to the management of chronic complex conditions.

## Section 4. Allied Health Professions

### 4.01 What is a profession?

In classifying the rural and remote allied health professions it is important to clarify an understanding of 'profession'.

| Source                                                              | Definition                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Macquarie Dictionary defines 'profession' <sup>(12)</sup> as:   | <ul style="list-style-type: none"> <li>• A vocation requiring knowledge of some department of learning or science.</li> <li>• The body of persons engaged in an occupation or calling.</li> </ul>                                                                                                 |
| The Macquarie Dictionary defines 'professional' <sup>(12)</sup> as: | <ul style="list-style-type: none"> <li>• Following an occupation as a means of livelihood or for gain;</li> <li>• Relating or appropriate to a profession</li> <li>• Engaged in one of the learned professions;</li> <li>• One belonging to one of the learned or skilled professions.</li> </ul> |
| The Collins Dictionary of                                           | A person with a recognized set of skills and knowledge which                                                                                                                                                                                                                                      |

|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Business <sup>(13)</sup> defines 'professional' as:                                                     | qualifies them to practise a certain occupation. Usually this knowledge is gained from lengthy training and is certified by examination, often by a professional association. This pattern of entry to an occupation is similar to that of apprenticeships; however, the professions are usually understood to be those occupations which are located at the top of the occupational structure in terms of status, for example doctors, architects, lawyers etc. In so far as professional associations (for example the Dietetics Association of Australia) stipulate the form and content of training and examination, they define the nature of the job tasks and the work standards that should be achieved and they control entry into the profession. Once individuals have been admitted to the profession it is customary in most instances for them to join the association. |
| Mosby's Medical, Nursing and Allied Health Dictionary <sup>(14)</sup> defines 'health professional' as: | "Any person who has completed a course of study in a field of health, such as a registered nurse, physical therapist or physician. The person is usually licensed by a government agency or certified by a professional organisation."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Crues et al <sup>(15)</sup> outlined the following:                                                     | "An occupation whose core element is work, based on the mastery of complex body knowledge and skills. It is a vocation in which knowledge of some department of science or learning, or the practice of an art founded on it, is used in the service of others. Its members profess a commitment to competence, integrity, morality, altruism and the promotion of the public good within either domain. These commitments form the basis of a social contract between a profession and society, which in turn grants the profession autonomy in practice and the privilege of self regulation. Professionals and their members are accountable to those served and society" (pg. 209)                                                                                                                                                                                                |
| The Australian Taxation Office defines a recognised 'health professional' as:                           | <p>A person who is registered, permitted or approved under state or territory law to supply the listed health service, or</p> <p>If there is no relevant state or territory law, is a member of a professional association that has uniform national registration requirements relating to the supply of the health service,</p> <p>The service is supplied by an accredited service provider – as determined by relevant Acts (Hearing Services Administration Act (1997), Medicare (2005))</p>                                                                                                                                                                                                                                                                                                                                                                                      |

Professional associations and licensing bodies are part of the professions. Their role in self regulation is major and there is an expectation that they will advise the public as experts in their domain. The associations and licensing bodies have a primary role in guaranteeing the quality of health care services.

Some criticism of the notion of professionalism has been made in relation to restriction of practice. A university graduate, by way of his/her training to obtain a particular set of skills and knowledge belongs to a particular profession. The skills and knowledge base is determined by registration and accreditation requirements, set down by professional associations and licensing boards. The critics claim that this identification is used to advance sectional interests and protect professional boundaries. For example: extended scope of practice for allied health professionals into areas currently the province of the medical professions; the responsibility for illness prevention services [healthy living education] – MBS items for GPs to undertake a role currently core business for the allied health professions.

It should be noted that this discussion paper (and therefore the categories) is prepared from the perspective of the health professional i.e. the service provider.

## 4.02 Examples of usage of ‘allied health professional’

Over the last decade there have been numerous attempts to provide a generic definition of the term ‘allied health professional’, to provide greater clarity to the meaning of the word other than the entire ‘non-medical, non-nursing’ workforce. A range of definitions are outlined below. It should be noted that these general definitions are from organisations /agencies specifically representing the interests of allied health professionals.

It should also be noted that often the definition is by exclusion i.e. not medical or nursing. Such process automatically places all other professions working in the health sector into the allied health category. Definitions are also used that name particular professions. This process is flawed in that new and emerging professions that may meet criteria to belong to ‘allied health’ are excluded unless a review is made of the definition.

|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p>In the 1993 landmark study on rural and remote allied health professions Hodgson and Berry published this definition<sup>(16)</sup>.</p> | <p><i>Those identifying themselves as rural allied health professionals...have been defined as university trained health professionals (other than medical practitioners or nurses) involved in direct patient care and/or services to the community.</i></p>                                                                                                                                                                                                                                                                                                                                                                      |
| <p>In 1997 the DHFS utilised a functional definition in their review of ambulatory care programs<sup>(17)</sup></p>                         | <p><i>Allied health practitioners are health professionals from one of several individual professions who have, for the purpose of presenting a collaborative position, come together to work towards a common goal. Professions represented in any allied health practitioner group vary depending on the goal of their collaborative effort</i></p>                                                                                                                                                                                                                                                                              |
| <p>Fitzgerald et al in 2000<sup>(3)</sup><br/>A study of Allied Health Professionals in Rural and Remote Australia</p>                      | <p><i>Allied health professionals are tertiary trained health practitioners (who are not doctors or nurses) from one of several individual professions who have, for the purpose of presenting a collaborative position, come together to work towards a common goal. Professions represented in any Allied Health Practitioner group vary depending on the goal of their collaborative effort. Professions may include, but are not limited to Audiology; Nutrition and Dietetics; Occupational therapy; Orthoptics; Orthotics; Pharmacy; Physiotherapy; Podiatry; Psychology; Radiography; Social Work; Speech Pathology</i></p> |
| <p>In 2000 the South Australian Health Commission Rural Health Training Unit released a survey of the SA allied health workforce .</p>      | <p><i>Allied health professionals are defined as people with tertiary qualifications who provide health care or health related services including: health promotion, illness prevention, detection and early intervention, identification / evaluation and treatment or therapy of disease, disorder or ill health, rehabilitation or health systems management</i></p>                                                                                                                                                                                                                                                            |
| <p>In 2002 the Tasmanian Health Professional Council defined allied health as</p>                                                           | <p><i>Professionals which are involved in health care, other than the disciplines of medicine, nursing and health administration; for which tertiary qualifications exist and which are essential for professional registration or admission to a relevant professional body and whose professional activities focus on patient diagnosis, treatment and /or primary health care</i></p>                                                                                                                                                                                                                                           |
| <p>In 2002 the Health Professions Council of Australia (HPCA) provided the following definition</p>                                         | <p><i>Allied health professionals are tertiary qualified providers of mainstream health care and members of the following professions: audiology, dietetics, occupational therapy, optometry, orthoptics, orthotics and prosthetics, pharmacy, physiotherapy, podiatry, psychology, radiography, social work and speech pathology.</i></p> <p><i>Allied health professionals are not medical doctors or nurses.</i></p>                                                                                                                                                                                                            |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                     | <p><b>NOTE: The Health Professions Council of Australia formerly known as the Australian Council of Allied Health Professions formed in 1989 to provide a single voice for allied health in order to respond to information regarding hospital accreditation.</b></p> <p>By defining allied health according to the disciplines that were member bodies at the time the definition was written, a concern was raised regarding the status of the definition should the membership change. Would these professions be removed from the definition if no longer a member, or would a discipline be added if the professional association joined the HPCA.</p> <p><b>The HPCA transformed into the Allied Health Professions Australia (AHPA) in 2006 and is recognised as the peak national body for allied health (Metropolitan, Regional, Rural and Remote)</b></p> |
| <p>In the June 2000 edition of 'Case Mix News' the National Allied Health Case Mix Committee invited readers /members to submit their definitions of allied health. An example of the definitions sent in were:</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>The Allied Health Service Weight Study</p>                                                                                                                                                                       | <p><i>Health care professionals with formally recognised discipline specific qualifications who provide health services for in patients, out patients and the community</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>The Ambulatory Care Reform Project</p>                                                                                                                                                                           | <p><i>Those tertiary trained individuals other than dentists (and pharmacists) who act in a clinical capacity and who enter into care based and /or primary diagnostic relationship with patients be they in the public or private sector</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>In 2006 SARRAH members workshopped a definition for allied health to guide strategic action for the organisation. This definition is contained within the SARRAH constitution</p>                                | <p><i>ALLIED HEALTH PROFESSIONAL: SARRAH recognises that allied health professionals are - Tertiary qualified health professionals who apply their skills to restore optimal physical, sensory, psychological, cognitive and social function. They are aligned to each other and their clients.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

In recent years, policy and programs relating to allied health, and research papers into the health workforce do not attempt to provide a definition of 'allied health'. Programs such as MedicarePlus Allied Health and More Allied Health Services, jurisdictional support programs such as scholarship and mentoring programs determine coverage of the program or policy by naming the group of occupations to be included. Research papers (Productivity Commission, The Australian Health Workforce 2006) do not attempt to determine which professions are included as 'allied health' nor do they provide directions in the form of a definition to enable stakeholders to determine which professions are being discussed.

Although the above sampling of definitions does not provide a clear and succinct statement, it is possible to start sorting through the key features of professionals who were generally included, and which professional are generally excluded within the broad definition of allied health professional.

**(a) The key attributes of health professionals included are:**

- involved in health care / health related care such as direct treatment, assessment, primary health care, community care, health promotion
- tertiary trained at a recognised university course
- required to obtain specific qualifications to either be registered or to join a professional association

- chosen to come together to form a collaborative position to work towards specific goals

**(b) The key attributes of health professionals and health workers not included are:**

- already included within the medical profession or nursing professions, such as midwife and mental health nurse
- do not generally provide direct clinical services such as hospital librarians, health economists, health service managers, medical records,
- trained within the vocational sector (such as Aboriginal Health Workers, diversional therapists, therapy assistants, welfare assistants, technicians) and those trained in private training institutions (such as alternative therapists eg iridologists). It should be noted that some currently trained in the vocational sector are moving towards obtaining qualifications by university degree (i.e. will join the professional status) such as paramedics.
- involved in oral health care, such as dentists, dental therapists, dental technicians, oral hygienists;
- other professionals such as teachers, youth workers, community development workers, and members of the clergy who may provide health education / community services but would not primarily see themselves as a health professional. (A proportion of social workers would also fit into this category – for example those who work in the welfare or justice sectors).

The concept of 'allied health profession' must also have direct relevance to Australian practice. This requirement excludes health professional groups that may be widely available overseas, but not in Australia.

### **4.03 Public Sector Construct**

'Allied health' as a term began as a public sector construct in Australia. It has been used to refer to a grouping of clinical health professions within hospitals and related community health services – to create a single point of contact for government entities to be able to discuss issues with a range of health professions at a single point of contact. The disciplines themselves worked collaboratively and collectively in order to provide the required information. The collaboration has happened depending on the issue.

The first national allied health organisation formed in the 1980's. The Australian Council of Allied Health Professions (ACAHP), whose membership comprised the professional associations for those health professions that are employed in the public sector. The group did not include medical or nursing professions. Those that joined related to those professions that provided a clinical service in a hospital setting. A prime function of the ACAHP was to provide allied health input into hospital accreditation processes.

It is only in recent years – since the Department of Health and Ageing commenced funding and supporting allied health services in rural and remote Australia – that debate has arisen regarding the inclusion of health professions that provide services in the public sector only has emerged. This debate has led to an extension of 'allied health' to include professions that traditionally are private providers (e.g. optometry, chiropractic, osteopathy, exercise physiology). The inclusion of professions outside of the public sector arena, without initially having a clear definition of allied health, has contributed considerably to the confusion. The confusion is exacerbated by having access to supports such as scholarships by being identified as part of the 'in group'.

This paper puts forward a method of classifying the non-medical, non-nursing workforce in such a way that, should it gain wide acceptance, will enable clear and targeted health workforce planning.

#### 4.04 'Other'/ 'Ancillary'/ 'Allied' – what does it mean?

In Australia the health professional workforce tends to be split between the 'medical', 'nursing' and 'other'/ 'ancillary'/ 'allied' categories (with the 'other/ ancillary' referring to health professionals apart from doctors and nurses).

Major purchasers of health services, policy makers and statisticians (who classify occupations within the health sector) are inclined to use this type of categorisation. Within these definitions the term 'allied health' is often not viewed as a separate entity or group of health professionals as such, but included as part of the 'other' / 'ancillary' health professional group. However, organizations representing health profession disciplines generally use a narrower, more specific definition than 'other'. They are more inclined to use the term 'allied health'.

In Australia, the term 'allied health' is still confusing for those in the health sector, as well as for key stakeholders such as clients and carers. Compton and Robinson<sup>(18)</sup> indicate that the term emerged from America in the mid 1960's. It was coined to describe a group of health professions which were being investigated specifically because of identified workforce shortages in the US at that time. The term spread quickly to Australia where it was utilised within the public sector, without any clear definition to what it may mean in an Australian context. As noted above, allied health professionals have often been defined by the characteristics which make their contribution to healthcare different from that of the medical and nursing professions.

One alternative approach to conceptualising allied health professionals has been to view their work within the WHO definition of impairment, disability and handicap. Medicine and nursing care is focussed primarily on the disease process and the immediate impact of impairment, whereas allied health is more focused on the minimisation of handicap through disability reduction and functional adaptation (within a rehabilitation framework)<sup>(18)</sup>.

Added to this is the experience and expertise of allied health professionals have contributed to the primary health care sector. Like other parts of the health workforce, allied health professionals have become critical in Australia's efforts at early detection, education, health promotion and the shift from a focus on disease and illness to a focus on well being and quality of life – the essence of primary health care.

**The combination of working within the WHO rehabilitation framework, and the primary health care model of intervention, enables allied health professionals to articulate clearly that there is more to their work than just being part of an 'other' or 'ancillary' health workforce. Being 'allied' is very important and they are not just allied to the medical and nursing professions, but also to their client and communities and to a multi disciplinary approach to health care - which are core principles of best practice rehabilitation and primary health care.**

**Being 'allied' to a broad range of other health professionals, as well as to client and community, is particularly important in rural and remote Australia.**

## **Section 5. Results of investigations of key stakeholders definitions**

### **5.01 Methodology for determining stakeholder common usage and inclusions for 'allied health'**

A pragmatic approach was taken to investigate specific health profession inclusions in the term 'allied health'. Essentially a range of usages encompassed under the term 'allied health' / 'other' / 'ancillary' by various key stakeholder organisations were collated.

Which specific health professions were included as allied health / ancillary health / other health was investigated from a sample of over fifty (50) different stakeholder organisations / agencies which fell into the following four categories:

- 1 Those that represent allied health professionals (generally professional associations) at a national level.
- 2 Those that represent allied health professionals at a state and territory level.
- 3 Health Professions who are required by law to be registered to practice.
- 4 Purchasers of health services / professionals (government and private) and those who otherwise have an interest in categorising the health professions.
- 5 Allied health support structures and scholarships available to health professional undergraduates and postgraduates

This pragmatic approach represents one of the strengths of the rural and remote 'allied health' professional workforce, which has been their ability to work closely with a very broad range of stakeholders. This is partly a survival strategy, as support has also needed to come from outside the allied health professions (as there are usually not many of one specific allied health professional group in a rural and remote region). It is also partly a preferred way of working that values collaboration and consultation. This has proven useful in the past in increasing the sense of understanding and ownership of 'allied health' by a broader range of stakeholders.

Boyce (1996) clearly outlines this approach in the RHSET funded paper on best practice management and organization of rural allied health services. She indicates that to concentrate consultation and analysis only on the perspective of allied health professions ignores an important set of institutional stakeholders, who have an influential role in determining the nature of organizational structures in which allied health services are to be placed. Therefore it is important to identify where there is agreement (and disagreement) between allied health professionals and non allied health organizational participants (pg 83). This approach captures the interest of a broad multi stakeholder group.

The methodology used to develop the categorisation of 'allied health' within the 'nm, nn' health professional workforce as applicable to rural and remote Australia has taken this approach. This is in line with the pattern of consultation and collaboration that the rural and remote allied health sector has been using for the last decade.

What follows in this document details the results of the investigation and outlines which disciplines are included within each group of stakeholders' usage of the term.

The first table lists health occupations that could be considered as being possible inclusions – it is acknowledged that this is not a definitive list. The list is derived from reports, documents, job descriptions read in the course of undertaking this research paper.

The next section shows in graph form the inclusions by occupation by various stakeholders under the term 'allied' or 'other' health. If an occupation is not listed in the table, it has not been included. This is particularly important when reading the results of the combined study. A number of the occupations listed in the table as possible inclusions are not currently included across any of the stakeholder groupings for allied health.

**Table 1: Health professions/occupations – possible inclusions for ‘allied health’**

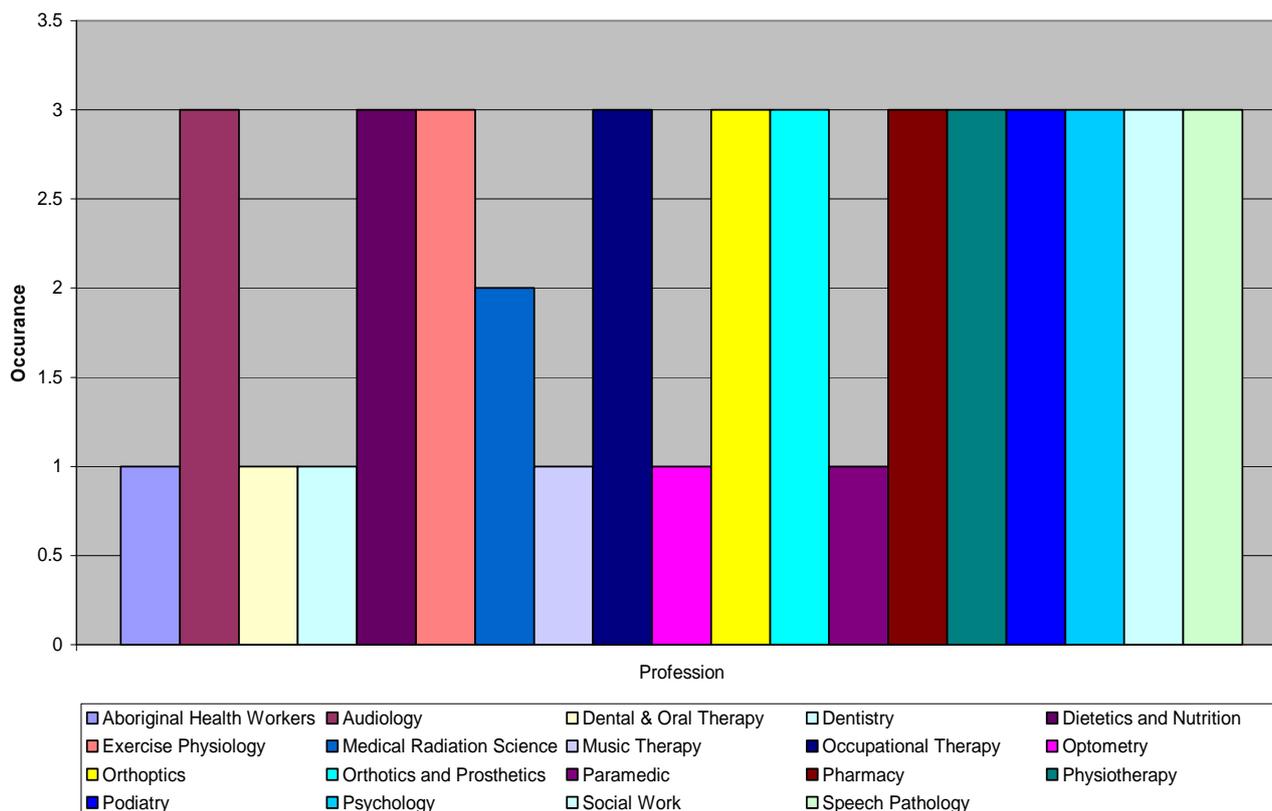
|    |                             |    |                                 |    |                             |
|----|-----------------------------|----|---------------------------------|----|-----------------------------|
| 1  | Aboriginal Health Work      | 24 | Health Information Management   | 47 | Orthotics and Prosthetics   |
| 2  | Acupuncture                 | 25 | Health Promotion                | 48 | Osteopathy                  |
| 3  | Aged Care Assistants        | 26 | Herbalist                       | 49 | Paramedic                   |
| 4  | Art Therapy                 | 27 | Hospital Librarian              | 50 | Personal Trainer            |
| 5  | Audiology                   | 28 | Human Movement                  | 51 | Pharmacy                    |
| 6  | Biomedical Science          | 29 | Information Technology          | 52 | Pharmacy Technician         |
| 7  | Cardiac Perfusion           | 30 | Interpreters                    | 53 | Physiotherapy               |
| 8  | Chiropractic                | 31 | Iridology                       | 54 | Play Therapy                |
| 9  | Cousellor                   | 32 | Leisure Therapy                 | 55 | Podiatry                    |
| 10 | Dental Assistants           | 33 | Medical Illustration/Photograpy | 56 | Psychology                  |
| 11 | Dental Nurse                | 34 | Medical Laboratory Science      | 57 | Public Health Officer       |
| 12 | Dental Prosthetics          | 35 | Medical Physics                 | 58 | Radiation Therapy           |
| 13 | Dental Technicians          | 36 | Medical Radiation Science       | 59 | Rehabilitation Officer      |
| 14 | Dental & Oral Therapy       | 37 | Medical Records                 | 60 | Remedial Therapy            |
| 15 | Dentistry                   | 38 | Mental Health Worker            | 61 | Remedial Massage            |
| 16 | Diabetes Education          | 39 | Music Therapy                   | 62 | Research or Project Officer |
| 17 | Dietetics and Nutrition     | 40 | Naturopathy                     | 63 | Sexual Assault Worker       |
| 18 | Diversional Therapy         | 41 | Neurophysiology                 | 64 | Social Educators            |
| 19 | Drug and Alcohol Counsellor | 42 | Nurse                           | 65 | Social Work                 |
| 20 | Environmental Health        | 43 | Occupational Therapy            | 66 | Speech Pathology            |
| 21 | Epidemiology                | 44 | Optical Dispensers              | 67 | Therapeutic Massage         |
| 22 | Exercise Physiology         | 45 | Optometry                       | 68 | Therapy Assistant           |
| 23 | Genetic Counsellor          | 46 | Orthoptics                      | 69 | Welfare Officer (Social)    |

### (a) National Allied Health Associations / Organisations / Committees

Lists of health profession inclusions were collected from three organisations which specifically represent the interests of allied health professions on the national front.

- 1 Services for Australian Rural and Remote Allied Health
- 2 Allied Health Professions Australia
- 3 National Allied Health Case mix Committee

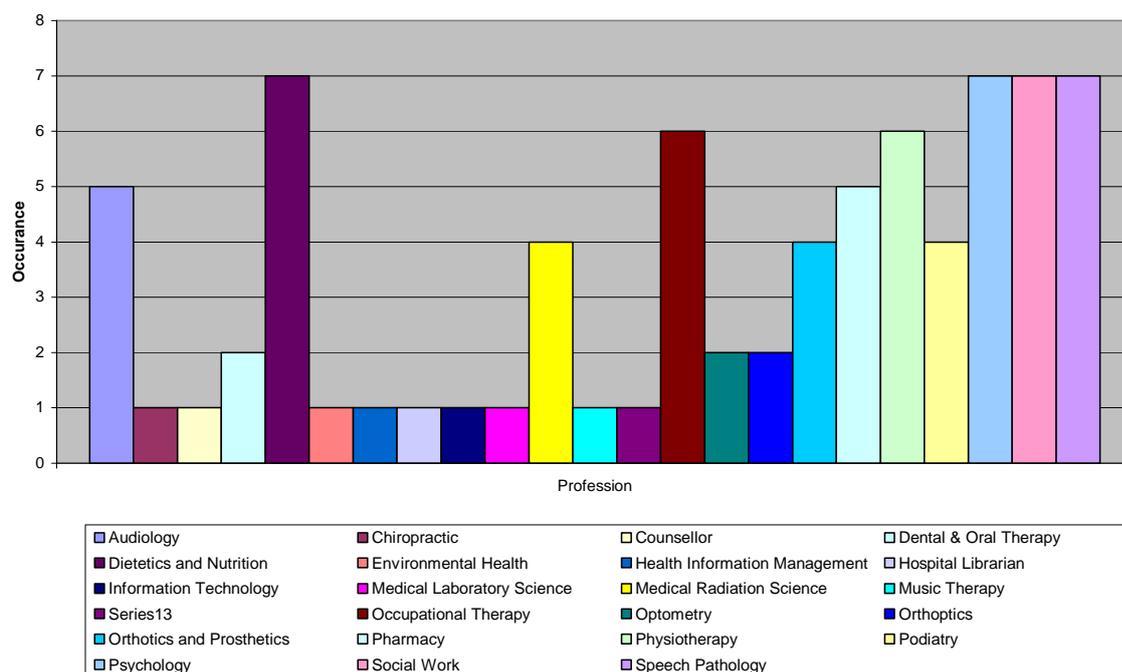
**Table 2: Membership of national Allied Health Associations/Organisations/Committees**



### (b) State / Territory Allied Health Associations / Organisations / Committees

List of health professional inclusions for organisations / associations / committees which represent 'allied health' on a state or territory level.

1. Health Professions Council of Australia
2. Victorian Allied Health Professions Alliance
3. Allied Health Alliance Western Australia
4. Metropolitan Allied Health Council WA
5. NSW Allied Health Association
6. Queensland Council of Allied Health Professions
7. Allied Health Professionals' Reference Group

**Table 3: State / Territory Allied Health Associations / Organisations / Committees**

### (c) Registration/licensing requirements

The requirements for the health professions to have registration and/or a license to practice (State based) were investigated.

Regulation requirements for the professions can be self regulatory, co-regulatory or regulatory<sup>(19)</sup>. Self regulatory schemes generally operate at no direct cost to the public. Most government regulatory schemes are operated according to cost recovery principles however few achieve this fully. Self regulatory and co regulatory schemes will have professionals volunteering their time and expertise. The following table outlines the levels of regulation within this continuum.

All Australian governments have enacted legislation that restricts competition in the health and pharmaceutical sector.

| Type of restriction       | Explanation                                                                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Entry qualifications      | Various types of academic and experience qualifications are needed to become a professional                                                                                                    |
| Registration requirements | Require appropriate types of qualifications; and must hold a licence to practise                                                                                                               |
| Reservation of title      | Only persons with the appropriate qualifications; and / or on the register may use the professional title                                                                                      |
| Reservation of practice   | Certain areas of practice are not allowed to be performed by persons other than certified practitioners                                                                                        |
| Disciplinary processes    | Professionals may be asked to explain their actions if their conduct is questioned and may be disciplined or prevented from practicing                                                         |
| Conduct of business       | Some professions have rules that prescribe ways in which the professional may or may not conduct their business affairs. Common restrictions include ownership, profit sharing and advertising |
| Business licensing        | Business must be licensed before they are able to sell their services                                                                                                                          |

Source: Deighton-Smith R, Harris B, Pearson K. *Reforming the Regulation of the Professions*. AusInfo, Canberra: National Competition Council Discussion Paper; 2001 May 2001.

From Health practitioner legislation requires practitioners to hold certain qualifications before they can enter a profession and to be licensed by a registration board while they continue to practise. Some health practitioner legislation also reserves the right to practise in certain areas of health care exclusively for certain professions. In addition, health practitioner legislation often regulates the business conduct of registered professionals.

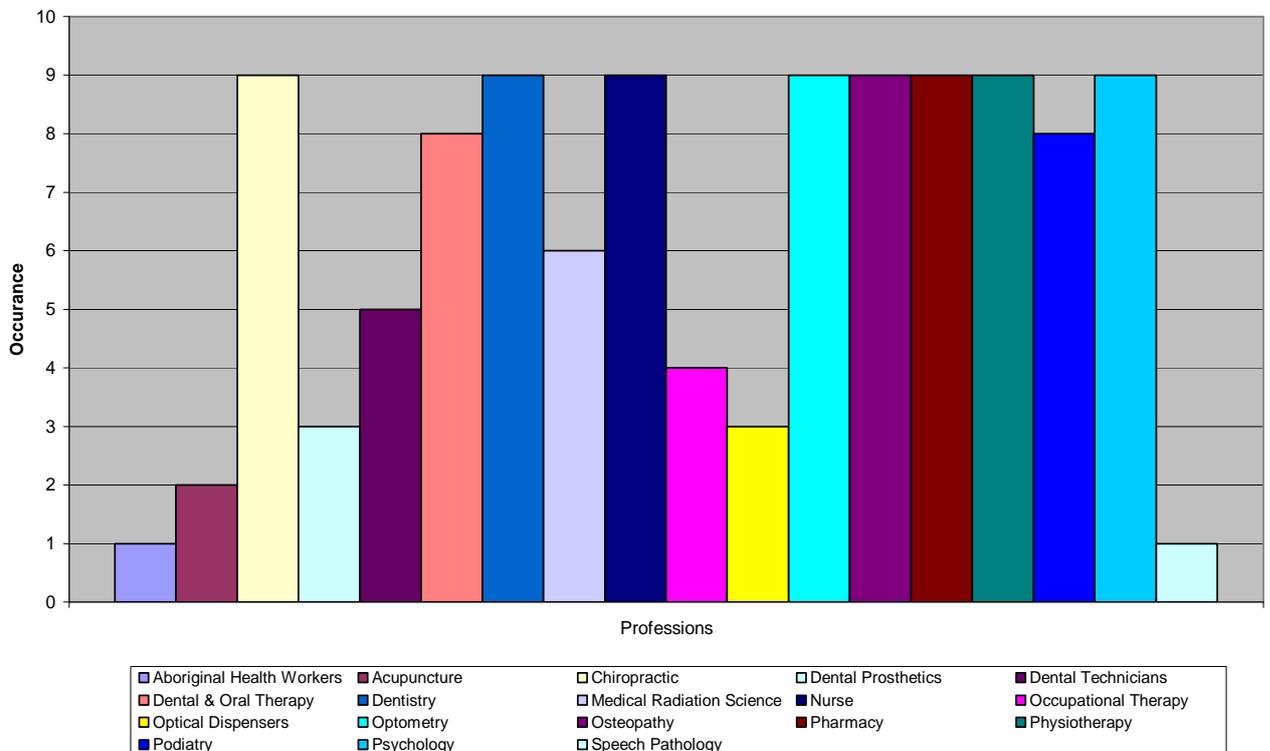
In states / territories where health professions are not registered, general mechanisms, such as common law, the Trades Practices Act, the requirement to be eligible for membership of a professional association and independent complaint bodies are seen to protect patients.

The other health professions use self regulatory schemes.

- For Occupational Therapists, Social Workers and Speech Pathologists, professionals are required to obtain specific qualification to be members of their respective Professional Associations in order to practice in some or all states.
- Audiology, Dietetics, Orthoptics, Orthotics and Prosthetics and Social Work have no requirements to be registered in any state or territory. However, for Audiology and Social Work, health professionals are required to be a member of and to meet the competency standards as set by their professional associations in order to register with the Health Insurance Commission and receive a Provider Number for payments under MedicarePlus.

More than eighty legislative instruments regulate around a dozen health professions across the states and territories. However, within the next 12 months 9 of the health professionals will move to a national registration scheme which will significantly reduce the legislative complexity surrounding health professional registration and greatly facilitate the ability of health professionals to work across borders. Health professions not included in the first group to move to national registration – those professions who are currently not registered in all states and territories (occupational therapy, podiatry, speech pathology, medical radiation science) will be considered in the second round, soon after the national scheme is implemented.

**Table 4: Health Professions required to be registered**



**(d) Purchasers of health services / professionals (government and private) and those who otherwise have an interest in categorising the health professions<sup>1</sup>**

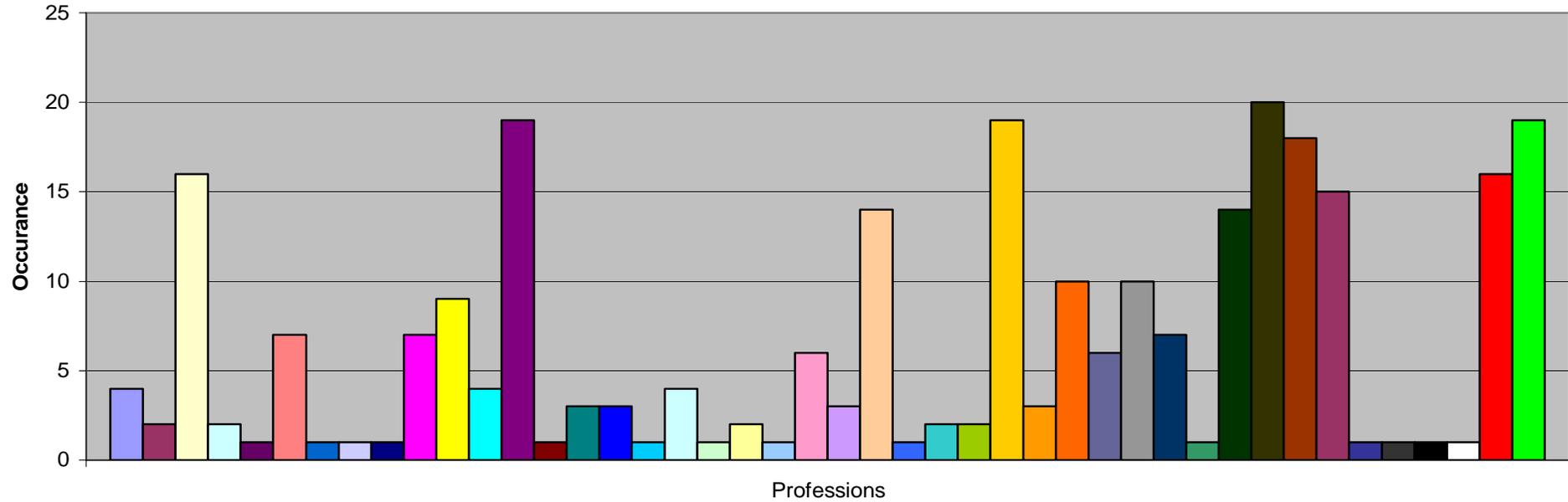
A range of stakeholders including state jurisdiction and national jurisdictions have an interest in classifying allied health in order to develop policy and programs.

- Health Workforce Australia
- Statistical Clearinghouse – Allied Health Industry Survey
- Victorian Government Allied Health Workforce
- South Australia - Come to work, stay to play. Allied Health Services - work opportunities and salary levels
- Northern Territory Government DHCS - allied health services currently provided
- Queensland Government - Work for us/Allied Health requirements to practice
- WA Country Health Service – allied health employment
- DHHS - jobs and careers - allied health - working in Tasmania
- ACT Health - Health Professionals: Allied Health
- WA Department of Health Allied Health Student Clinical Placements – agreements with placement providers
- Industrial Awards - WA Health Services Union Award 2006 - Professional Stream
- Industrial Awards - Uniting Healthcare Allied Health Enterprise Award - QLD State 2005
- Industrial Awards - Tasmanian Department of Health and Human Services Allied Health Professions
- Australian Government funded programs – Medicare
- Australian Government funded programs – More Allied Health Services
- Australian Government funded programs – Regional Health Services Program (RHS)
- Department of Veterans Affairs
- Example of Health Insurance Funds – Medibank Private
- A New Tax System (Goods and Services Tax Act 1999 Division 38-10 Recognised professional
- Australian Standard Classification of Occupations (ASCO)

**Table 5 (over page): purchasers and other stakeholder usage of allied health**

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<sup>1</sup> It should be noted that purchasers do not necessarily purchase the service of an ‘allied health professional’ but rather purchase what they consider to be ‘allied health services’.



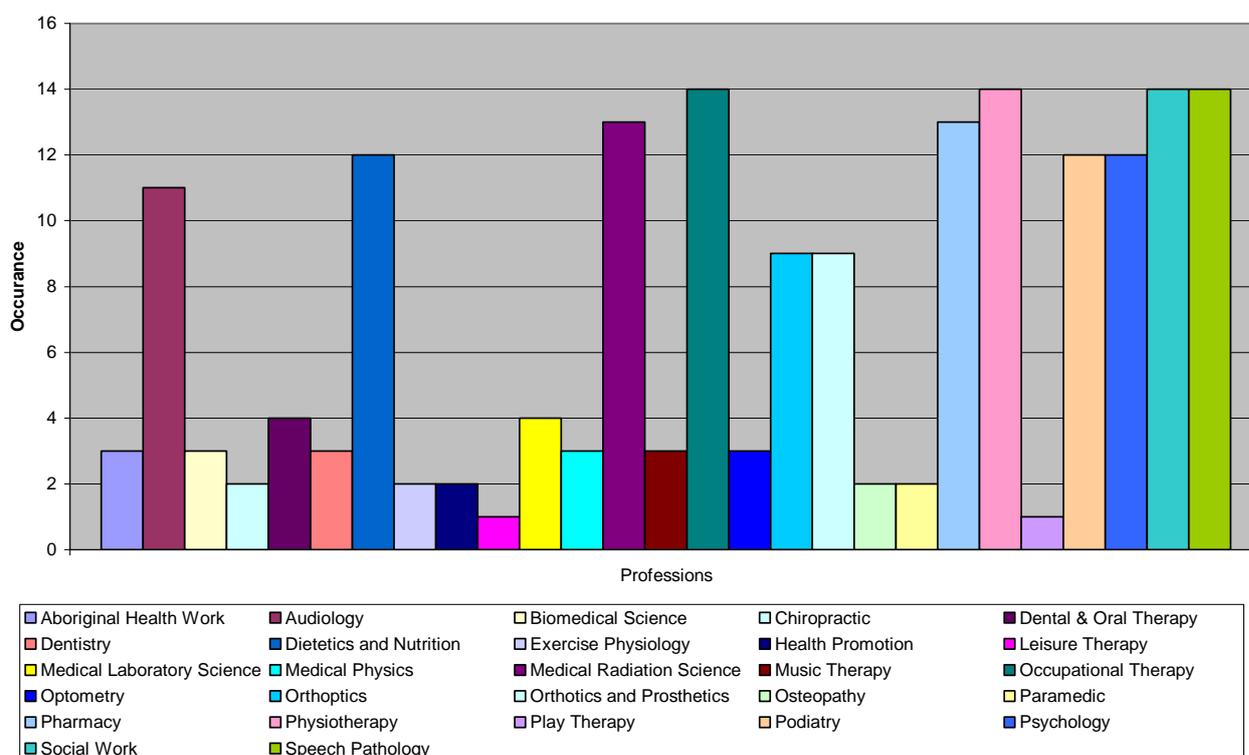
- |                                  |                               |                        |                           |
|----------------------------------|-------------------------------|------------------------|---------------------------|
| Aboriginal Health Work           | Acupuncture                   | Audiology              | Biomedical Science        |
| Cardiac Perfusion                | Chiropractic                  | Counsellor             | Dental Prosthetics        |
| Dental Technician                | Dental & Oral Therapy         | Dentistry              | Diabetes Education        |
| Dietetics and Nutrition          | Doctor                        | Environmental Health   | Exercise Physiology       |
| Genetic Councillors              | Health Information Management | Herbalist              | Hospital Librarian        |
| Medical Illustration/Photography | Medical Laboratory Science    | Medical Physics        | Medical Radiation Science |
| Mental Health Worker             | Naturopathy                   | Nurse                  | Occupational Therapy      |
| Optical Dispensers               | Optometry                     | Orthoptics             | Orthotics and Prosthetics |
| Osteopathy                       | Paramedic                     | Pharmacy               | Physiotherapy             |
| Podiatry                         | Psychology                    | Rehabilitation Officer | Remedial Therapist        |
| Remedial Massage                 | Research or Project Officer   | Social Work            | Speech Pathology          |

### (e) Allied health support structures and scholarships available to health professional undergraduates and postgraduates

Health professionals included as being eligible to apply for a variety of state based scholarship and support schemes named for 'allied health' were investigated. These included:

- Australian Rural and Remote Health Professional Scholarship Scheme
- Australian Rural Allied Health Undergraduate Scholarship Scheme
- Victorian Rural Allied Health Undergraduate Scholarship Program
- Victorian Allied Health Postgraduate Scholarship Scheme
- NSW Rural Allied Health Scholarships (undergraduate) and Clinical Placement Scheme
- WA Country Allied Health Scholarship – undergraduate and postgraduate
- QLD Health Rural Scholarship Scheme (undergraduate)
- SA Rural Health Undergraduate Scholarship Scheme
- Qld Professional Development Incentive Package
- Qld Health – Allied Health Professional Enhancement Program
- QLD Health Rural Connect - Rural Allied Health Clinical and Managerial Mentor Program
- QLD Professional Development Incentive Package for rural and remote allied health employees
- MentoringWorks – Rural allied health mentor program (Victoria)
- Continuing professional development (CPD) for allied health practitioners – Victoria

**Table 6: Allied health workforce support programs available nationally and by state jurisdiction.**



## **(f) Combined Results**

The next table displays the health profession inclusion results of the combined investigation over the fifty usages of the term allied health by various stakeholders

The combined results of the investigations into both existing definitions for 'allied health' and the professions that are included under this term across a broad range of usage indicates what has generally been known and acknowledged by both the health professional workforce and by policy developers for health – there is much confusion and different interpretations which has led to major difficulty in workforce planning and the provision of support for this broad section of the workforce in general.

Whilst the combined list indicates there are some professions that are generally included. The combined results clearly indicate those professions that are considered 'core' and are generally included regardless of the stakeholder creating the 'allied health grouping' and the context in which the group is being created. Those generally included are:

- audiology,
- dietetics,
- medical radiation science (which includes medical imaging, therapeutic radiography, sonography and nuclear medicine),
- occupational therapy,
- pharmacy
- physiotherapy,
- podiatry,
- psychology,
- social work and
- speech pathology.

It would be generally accepted that these ten professional disciplines represent those occupations that are most likely to be working together in multidisciplinary teams across the public health sector. The grouping is reflective of the public sector origin of using the term allied health when referring to health professionals other than doctors and nurses.

Two professional groupings which appear significantly in the list of common usage relate to dentistry and oral therapy. This is reflective of the requirements for these professions to be registered to practice, and of more recent policy at a national level (MedicarePlus, Regional Health Services, More Allied Health Services and national scholarship schemes (ARRHPS and RAHUS) which include these professions.

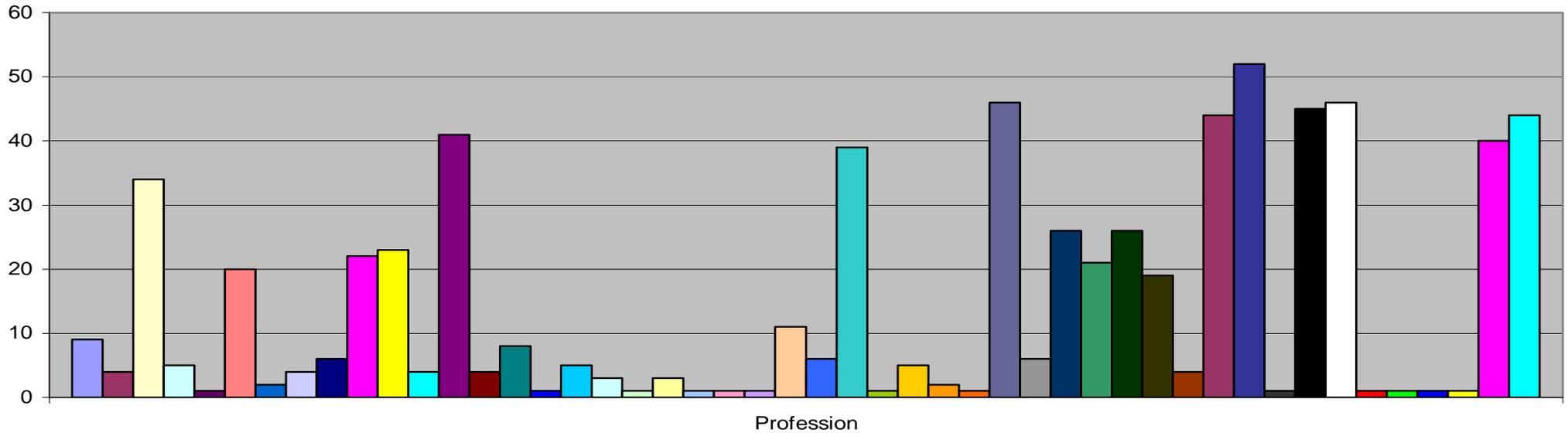
Professions that are increasingly being included when stakeholders refer to allied health are:

- Chiropractic,
- Optometry
- Orthoptics
- Orthotics and prosthetics
- Osteopathy

The increasing reference and inclusions by stakeholders of these disciplines reflects the move away from the traditional public sector context for use of allied health to group professions. There is recognition from those interested in the provision of allied health services and allied health workforce planning that the multidisciplinary team extends beyond the public sector into the private and non-government sector. In order to meet the health service requirements of the Australian population, services delivered by professionals out of the traditional public sector need to be supported and planned for.

However, the inclusion of disciplines working across sectors increases the complexity and confusion for workforce planning without a clear definition.

**Table 7: Combined results**



- |                               |                             |                                  |                            |
|-------------------------------|-----------------------------|----------------------------------|----------------------------|
| Aboriginal Health Workers     | Acupuncture                 | Audiology                        | Biomedical Science         |
| Cardiac Perfusion             | Chiropractic                | Counsellor                       | Dental Prosthetics         |
| Dental Technicians            | Dental & Oral Therapy       | Dentistry                        | Diabetes Education         |
| Dietetics and Nutrition       | Environmental Health        | Exercise Physiology              | Genetic Councillors        |
| Health Information Management | Health Promotion Officer    | Herbalist                        | Hospital Librarian         |
| Information Technology        | Leisure Therapy             | Medical Illustration/Photography | Medical Laboratory Science |
| Medical Physics               | Medical Radiation Science   | Mental Health Worker             | Music Therapy              |
| Naturopath                    | Neurophysiology             | Occupational Therapy             | Optical Dispensers         |
| Optometry                     | Orthoptics                  | Orthotics and Prosthetics        | Osteopathy                 |
| Paramedic                     | Pharmacy                    | Physiotherapy                    | Play Therapy               |
| Podiatry                      | Psychology                  | Rehabilitation Officer           | Remedial Therapist         |
| Remedial Massage              | Research or Project Officer | Social Work                      | Speech Pathology           |

## Section 6. Conclusion

By undertaking the straightforward pragmatic approach described in this document, the following is put forward as a classification for 'allied health professionals' within the health professional workforce. Only those professions which meet the following criteria can be included.

Health professionals must meet the following criteria in order to be part of the **allied health professional workforce**:

- *Tertiary qualified health professionals who apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function;*
- *Health professionals who use clinical reasoning skills whilst working directly with patients to restore and optimise function on an individual basis;;*
- *Health Professionals who are tertiary qualified, completing recognised entry level university degrees;*
- *Health Professionals who are required to obtain specific qualifications to either obtain State or Territory registration; license or accreditation to practice; or to join the relevant professional association;*
- *Health Professionals who are "allied" or aligned to each other and other members of the health professional workforce, working together as part of a multidisciplinary team to achieve best practice outcomes for the client across the health system;*
- *Health Professionals who are 'allied' or aligned with health consumers, the consumer's family and other carers, and with the community in order to achieve best outcomes for the consumer.*

SARRAH currently identifies that the term "allied health" applies to those clinical health professions that are committed to negotiation with each other over the specificities of issues; to collegiate planning and acceptance of common governmental policies to cover their activities whether in regard to HIC, Medicare, undergraduate and postgraduate support, rural & remote support, etc.

There are a range of health professionals who will not meet the criteria to be considered 'allied health'. Nor are they part of the medical or nursing workforce. It must therefore be considered that a range of other classifications needs to be developed in order to further determine the make up of the Australian health professional workforce and to enable workforce planning now and for the future.

This discussion paper represents an attempt to meet an identified need by members of the rural and remote health professional workforce to establish an agreed definition of what is meant when the term 'rural and remote allied health professions' is used. The process undertaken by SARRAH was straight forward and pragmatic. Basically it represented a collation of various ideas and usages of the term which were then combined together to establish a template of the health professions most commonly included in the concept of allied health profession. Views were sort from a broad range of key stakeholders to come up with this template / standard of classification.

It is also recognised that the health professional workforce is dynamic and changing and that the classification and health professions included within it will need to be regularly reviewed to reflect these changes.

## Section 7. Proposal for consideration

It is proposed that the Australian Health Professional Workforce comprises the following categories:

**(i) Medical Professions**

Health professionals must meet the following criteria in order to be part of the medical health professional workforce:

- *Health professionals who have obtained an entry level medical degree from a recognised university;*
- *Health Professionals who are required to obtain specific qualifications to obtain State or Territory registration.*

**(ii) Nursing Professions**

Health professionals must meet the following criteria in order to be part of the nursing health professional workforce:

- *Health professionals who have obtained an entry level nursing degree from a recognised university;*
- *Health Professionals who are required to obtain specific qualifications to obtain State or Territory registration.*

**(iii) Allied Health Professions**

Health professionals must meet the following criteria in order to be part of the allied health professional workforce:

- *Tertiary qualified health professionals who apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function;*
- *Health professionals who use best available evidence and clinical reasoning skills whilst working directly with patients to restore and optimize function on an individual basis*
- *Health professionals who have obtained an accredited entry level degree from a recognised university;*
- *Health professionals who are required to obtain specific qualifications to obtain State or Territory registration; license or accreditation to practice; or to join the relevant professional association;*
- *Health professionals who are 'allied' or aligned to each other, other members of the health professional workforce, health consumers, the consumer's family and others carers, and with the community, working together as part of a multidisciplinary team to achieve best practice outcomes for the client across the health system.*

**(iv) Oral Health Professions**

Health professionals must meet the following criteria in order to be part of the oral health professional workforce:

- *Health Professionals who are involved in dental and oral health services incorporating both direct and indirect patient care*
- *Health professionals who have obtained an accredited entry level degree from a recognised university;*
- *Health Professionals who are required to obtain specific qualifications to be registered or to join a professional association*

**(v) Public Health Professions**

Health professionals must meet the following criteria in order to be part of the public health professional workforce:

- *Health Professionals who work with communities and other organisation to create circumstances that promote and protect health, prevent injury, ill health and disease;*

- *Work with health consumers on a population rather than individual basis;*
- *Health professionals who have obtained an accredited entry level degree from a recognised university;*
- *Health professionals who monitor health and implement services to improve life expectancy and the quality of life, disease and injury prevention measures; promote and educate on healthier lifestyles; and protect health through disease prevention services and legislation.*
- *Health professionals, who develop, maintain and report upon health data sets.*

#### **(vi) Health Workers and Assistants**

Health workers meet the following criteria:

- *Do not have a tertiary undergraduate degree, may have advanced diploma, diploma or certificate level qualifications;*
- *Generally are trained within the vocational sector;*
- *Provide both direct and indirect client care;*
- *Will generally work under the guidance of a tertiary trained health professional;*
- *Health care workers and assistants work with members of the tertiary trained health professional workforce;*
- *Health care workers and assistants may provide a variety of health services in regions where there is limited access to allied health professions.*

#### **(vii) Clinical Support Health Professions**

Health professionals must meet the following criteria in order to be part of the Non-clinical and support health professional workforce:

- *Health Professionals who are involved indirectly with consumer care, providing services to clinicians in areas such as quality client records, health information management systems, hospital librarians, e-health, research and development; and technical support.*
- *Health Professionals who are tertiary trained doing accredited university degrees*

#### **(viii) Complementary/Alternative/Natural Therapy Health Professions**

Health professionals must meet the following criteria in order to be part of the Complementary health professional workforce:

- *Health Professionals involved in direct client contact providing direct treatment, assessment, patient management and education;*
- *Health Professionals whose training is primarily managed through private vocational training institutions, but may be part of traditional university sector;*
- *Health Professionals who maintain that their service provision is directed towards the philosophy of a holistic approach to health and wellbeing;*
- *Health Professionals who do not work as part of a recognised multidisciplinary team and are not recognised as "allied" or 'aligned' to other members of the health professional workforce.*

The health workforce also comprises professions that are multi-sectorial:

#### **(ix) Administrative Professions**

- *Professionals who are involved primarily with the administration and management of health services*
- *Professionals whose involvement with the community involves the planning of health services.*

**(x) Other Professions**

*Professions or Artisans with or without a recognised tertiary qualification who provide motivational, psychological and rehabilitation support services for clients.*

## **Section 8. References**

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