# Workforce Summary - Allied Health

**This edition of Health Works focuses on the remote and rural allied health workforce. It provides a summary of recent developments impacting the profession, alongside a state-wide snapshot of allied health practitioner (AHP) demographics and locations of practice. In addition workforce gaps in Queensland's remote, rural and regional areas and the impact of this insufficient workforce on service delivery are discussed.**

## Recent Developments

Allied health is the largest clinical workforce in primary health care and plays an essential role in the provision of high-quality, evidence-based health services in primary care and in the prevention, management and treatment of chronic disease.

Shortages in the allied health workforce are well-recognised, particularly in remote and rural areas, contributing to unequal access to services for those living outside metropolitan areas. With differing funding arrangements across health, aged and disability care systems, financing of this workforce is complex.[1]

The release of ***Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032***, demonstrates a renewed focus by the Australian Government on the allied health workforce and access to services. The appointment of Australia's first dedicated Chief Allied Health Officer, tasked with developing a program of work for allied health is a welcome development for allied health professions.

Early initiatives identified in this program of work include:

### Workforce, Training and Development

- $9.6 million committed in the May 2021 Budget to expand the Allied Health Rural Generalist Pathway, which sees financial assistance and support for early career AHPs and their employers provided through The Allied Health Rural Generalist Education and Training Scheme (TAHRGETS).
- The development of an allied health data strategy, with a focus on allied health workforce and funding models. This includes progressing the AIHW Primary Health Care Data Collection and the development of an allied health primary care minimum dataset with piloting of data collection from allied health practices.
- The development of a National Allied Health Workforce Plan.
- Increasing allied health student placements in remote, rural and regional areas.

### Professional Practice

- $14.2 million committed in the 2021-22 Budget for the creation of new MBS items for the participation of AHPs in multidisciplinary case conferencing.
- Extension of the Free Interpreter Service to support improved access to allied health services for people from CALD and diverse backgrounds.
- Improving allied health access to the My Health Record and secure messaging tools by working with the Australian Digital Health Agency and software industry.
- $3.9 million allocated in the 2022-23 Budget to improve access to allied health services.
- A plan to build evidence around care pathways, quality of care and patient outcomes for allied health services through the identification of new and existing data sets that capture intervention and patient outcomes.

### Industry

- The establishment of an Allied Health Industry Group to provide advice on improving allied health data, promoting best practice clinical care, translating research into practice, and options for funding reform to promote access to essential allied health services.
- Finalise Government consideration of allied health recommendations from the MBS Review Taskforce.
- Consolidate and build on the existing allied health research base and strengthen the allied health primary care research agenda, with emphasis on innovative models of care and patient-reported outcomes.
-

[1] Department of Health. (2022). Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032. Canberra: Commonwealth of Australia. https://www.health.gov.au/sites/default/files/documents/2022/03/australia-s-primary-health-care-10-year-plan-2022-2032-future-focused-primary-health-care-australia-s-primary-health-care-10-year-plan-2022-2032.pdf

# Workforce Summary - Allied Health

## State-wide Allied Health Workforce Snapshot

The allied health workforce data outlined in the following section has been drawn from the National Health Workforce Dataset (NHWD) which collates annual workforce survey data completed by health practitioners during their registration renewal in 2020. The registered allied health professions included in this summary are:

- Psychology
- Physiotherapy
- Podiatry
- Occupational Therapy
- Optometry
- Pharmacy
- Dentistry
- Diagnostic Radiography

### Distribution

The distribution of registered AHPs in MM1 locations as compared to MM2-7 locations are displayed below in Figure 1. The predominance of registered AHPs in MM1 locations in Queensland i.e., Brisbane, Gold Coast & Sunshine Coast when compared to population distribution demonstrates the maldistribution of the registered allied health workforce.

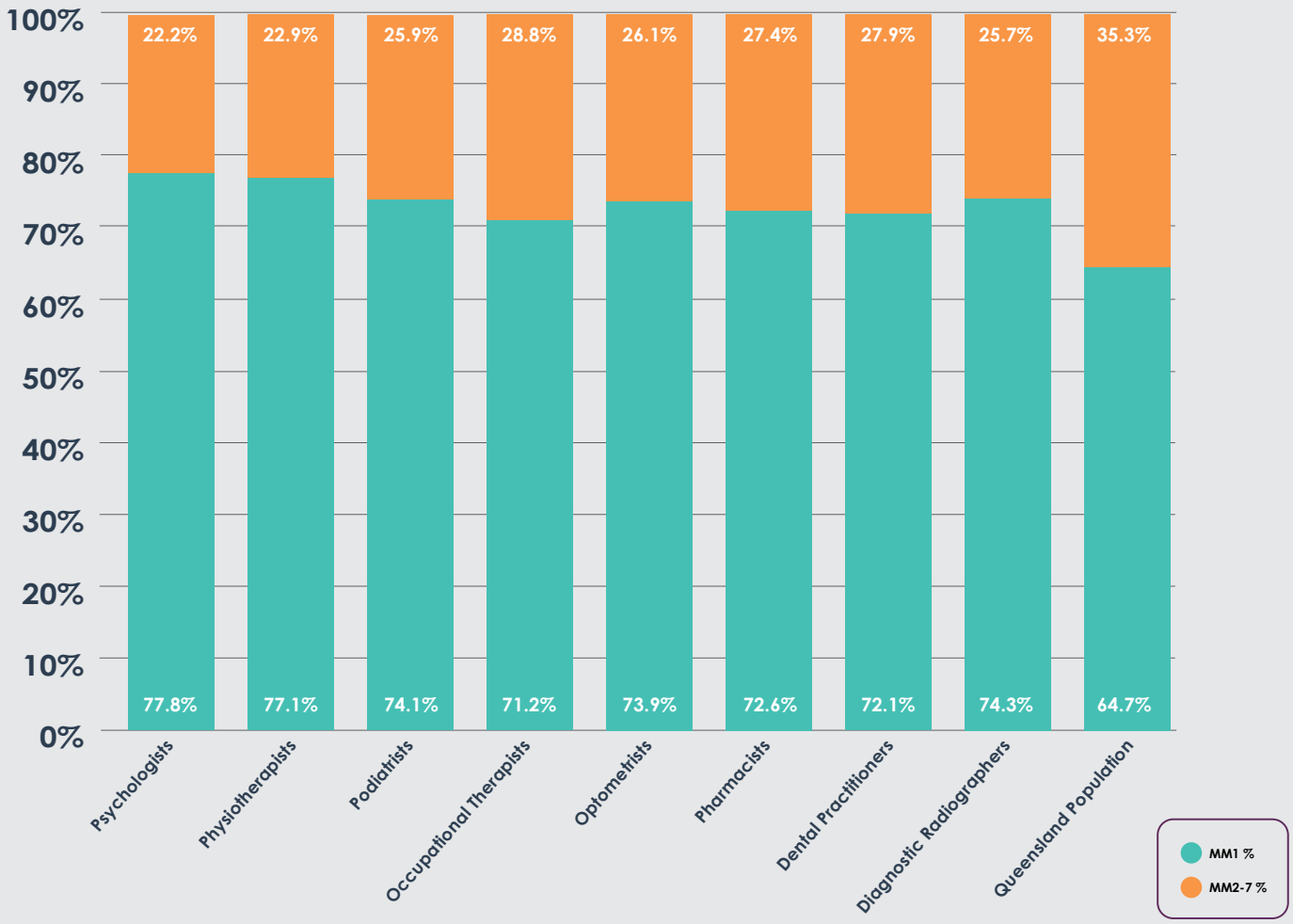



**Figure 1: Distribution of registered allied health practitioners across Queensland**

*Note: Data provided by Queensland Health*

# Workforce Summary - Allied Health

### Private Practice

The percentage of practitioners who indicated private practice as their main work setting within MM2-7 locations ranged from as low as 50% for Diagnostic Radiographers up to 96% for Optometrists. Results across the registered professions can be found in Figure 2.

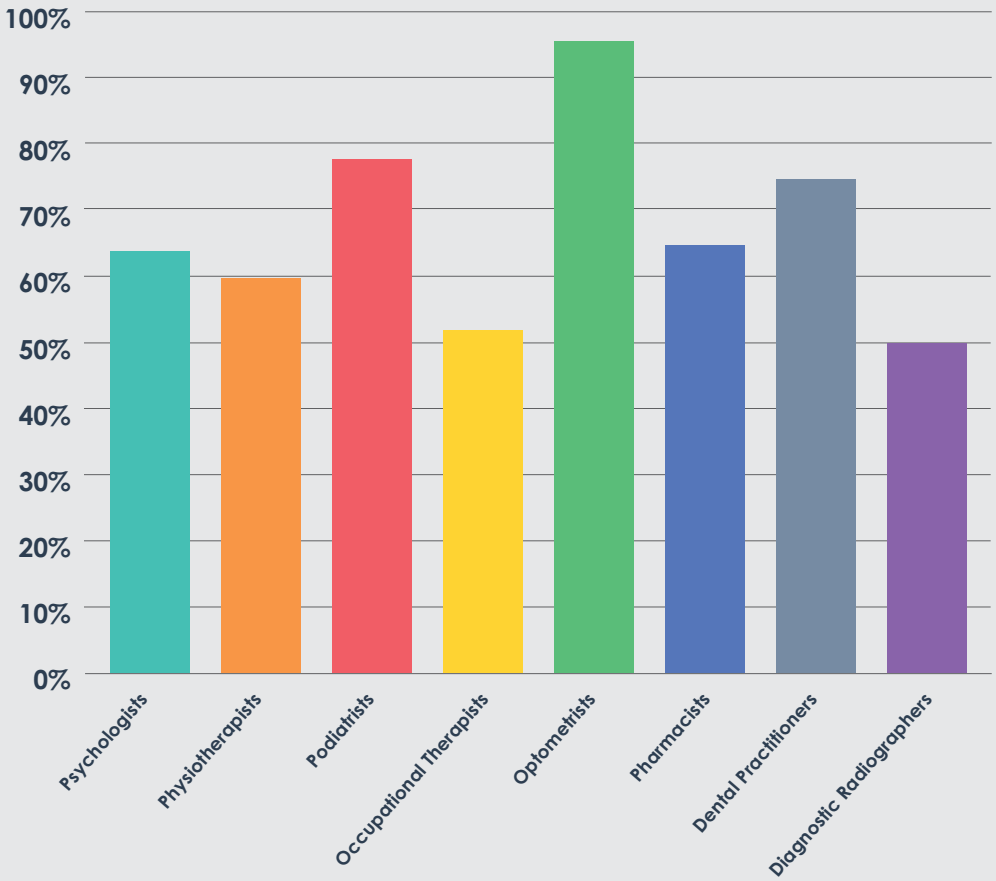



**Figure 2: Percentage of registered allied health practitioners who reported private practice as their main work setting.**

# Workforce Summary - Allied Health

### Locations of Practice

The number of practitioners in each of the allied health professions were calculated for all MM 2-7 locations for each of the mainly rural PHNs, based on the main location of work provided in the NHWD. Although the results presented in Figure 3 below show a higher number of AHPs in the Northern Queensland PHN region, this region does include the three large urban centres of Cairns, Townsville and Mackay.

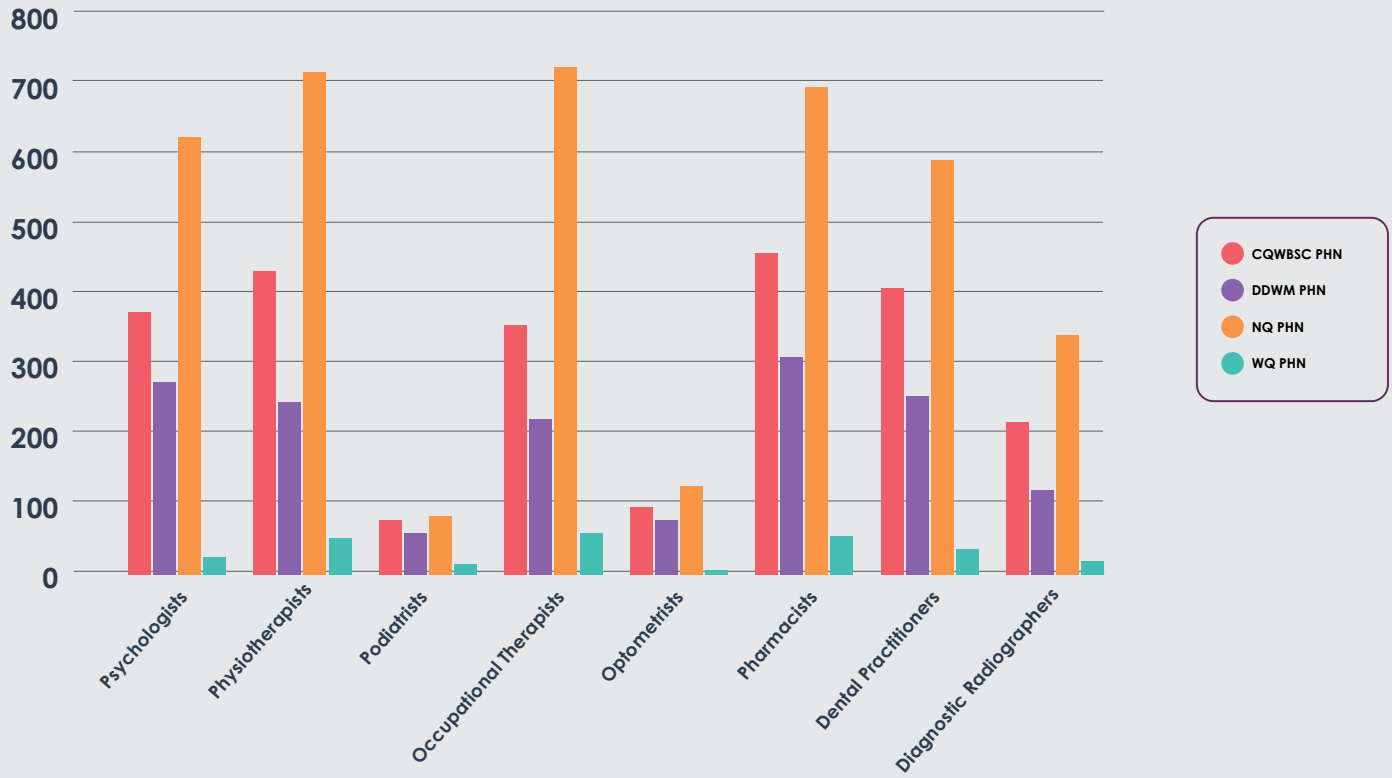


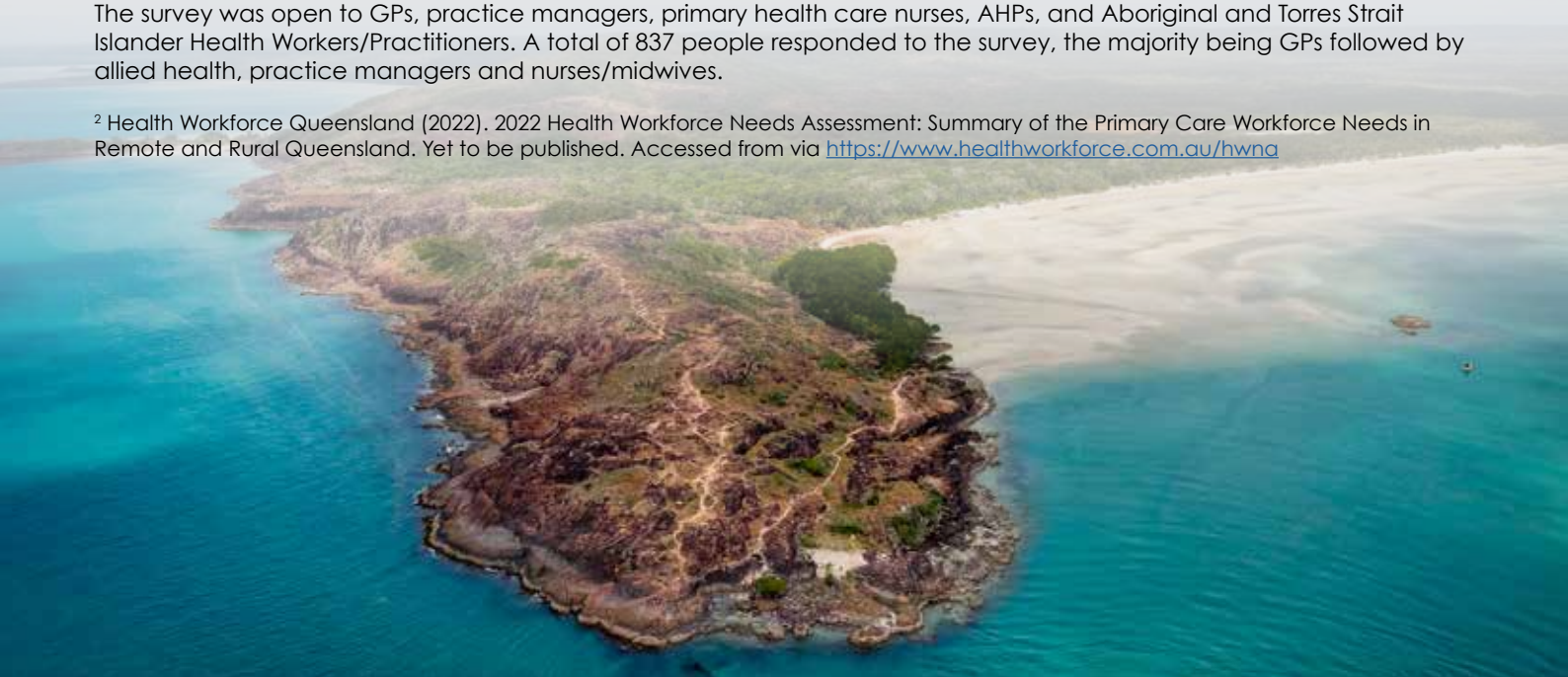

**Figure 3: Number of registered allied health practitioners who reported working in a mainly rural PHN.**

## Health Workforce Needs Assessment (HWNA) 2022

The following data was sourced from Health Workforce Queensland's 2022 HWNA[2] survey which gauged participants' beliefs about workforce and primary care service gaps in their community(s) of practice.

The survey was open to GPs, practice managers, primary health care nurses, AHPs, and Aboriginal and Torres Strait Islander Health Workers/Practitioners. A total of 837 people responded to the survey, the majority being GPs followed by allied health, practice managers and nurses/midwives.

[2] Health Workforce Queensland (2022). 2022 Health Workforce Needs Assessment: Summary of the Primary Care Workforce Needs in Remote and Rural Queensland. Yet to be published. Accessed from via https://www.healthworkforce.com.au/hwna



# Workforce Summary - Allied Health

### Workforce Gaps

Psychology, speech pathology, social work and occupational therapy have dominated the top five workforce gaps in Queensland over the past five years. Table 1 provides workforce gap rating means for 2018 – 2022 and demonstrates year-on-year increases in health practitioner perceptions of workforce gaps in MM2-7 locations.

**Table 1: Queensland workforce gap rating means for 2018 - 2022**

| Type of Workforce | 2018 M | 2019 M | 2020 M | 2021 M | 2022 M |
|---|---|---|---|---|---|
| Psychology Workforce | 46.75 | 59.09 | 66.63 | 72.70 | 79.57 |
| Speech Pathology Workforce | 45.58 | 51.33 | 59.88 | 70.31 | 71.30 |
| Social Work Workforce | 50.27 | 56.12 | 63.35 | 65.68 | 71.54 |
| General Practitioner Workforce | 38.66 | 50.75 | 58.58 | 62.03 | 70.85 |
| Occupational Therapy Workforce | 48.40 | 50.48 | 58.78 | 66.19 | 68.91 |
| Nursing/Midwifery Workforce | 39.02 | 44.57 | 51.55 | 55.84 | 65.57 |
| Aboriginal & Torres Strait islander Health Worker/ Practitioner Workforce | 38.69 | 48.09 | 57.27 | 60.50 | 62.78 |
| Diabetes Education Workforce | 40.43 | 43.63 | 53.76 | 56.88 | 59.60 |
| Nutrition/Dietetic Workforce | 41.34 | 42.96 | 50.30 | 57.40 | 57.46 |
| Dentistry Workforce | 46.80 | 47.92 | 54.66 | 55.72 | 56.83 |
| Podiatry Workforce | 34.45 | 40.76 | 48.51 | 56.89 | 55.68 |
| Radiography/Sonography Workforce | --* | 44.55 | 52.42 | 55.88 | 53.98 |
| Exercise Physiology Workforce | 37.18 | 42.22 | 50.05 | 54.22 | 53.21 |
| Physiotherapy Workforce | 32.29 | 36.72 | 45.86 | 49.95 | 52.76 |
| Diagnostic Radiology Workforce | 35.32 | 39.98 | 48.63 | 51.19 | 51.66 |
| Audiology Workforce | 33.44 | 40.73 | 49.44 | 53.00 | 50.72 |
| Optometry Workforce | 30.08 | 36.26 | 42.05 | 45.73 | 47.04 |
| Pharmacy Workforce | 22.11 | 25.23 | 31.38 | 32.75 | 34.06 |

Workforce shortages, long wait times and high costs (including the lack of bulk-billing) were identified as current barriers to accessing allied health services in remote and rural Queensland.

> *"There is a large gap in allied health services on the XXX [region]. Early intervention for young people is so important and the needs are just not being met. For those families on NDIS, participants struggle to engage in services as there are limited providers available. Other challenges include attracting staff to these areas and retention of staff."*

> *"There appears to be significant numbers of people in the community suffering from poor mental health but there are not enough psychologists to provide support to them. This leads to significant waiting periods potentially exacerbating mental health symptoms."*

# Workforce Summary - Allied Health

### Impact of Insufficient Workforce

> Long wait times to access speech therapists, occupational therapists and psychologists is a common reality across both community health and private practice settings in both Queensland and across Australia. Delays in initial assessments and follow-up intervention for both children and adults, is directly impacting the health and wellbeing of the 35 percent of the Queensland population who reside in remote and rural areas.

In a 2019 report, 90 percent of headspace centres advised that wait times were a major concern and they were struggling to meet the demand of young people seeking access to mental health services. Workforce availability was a key contributing factor, with general staff shortages for mental health clinicians and difficulties recruiting GPs and private practitioners reported.[3] This highlights the difficulties experienced by children and their families in accessing child mental health services, in part due to an inadequate workforce, particularly in remote and rural areas. These challenges are not isolated to paediatric services; in 2019-20, the rate of people receiving clinical mental health services under the Medicare Benefits Scheme (MBS) and the Department of Veteran Affairs (DVA) in Queensland was one and a half times higher in major cities when compared with remote areas and nearly four times higher than in very remote areas.[4]

In their response to the Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system, the Australian Psychological Society noted that Australia currently has 35% of the required psychology workforce. As of September 2021, 61% of psychologists in Queensland reported having a waiting list of more than three months or were not taking new patients.[5]

Strategies identified in Health Workforce Queensland's 2022 HWNA to improve access to sustainable services and a skilled allied health workforce include:

- Support rural high school visits and offer rural immersion opportunities to create interest and attract students into rural health careers
- Work with universities to identify and prioritise students interested in rural health practice for long term placements and support with local mentorship
- Provide opportunities for end-to-end training in regional and remote sites
- Prioritise collaborative, place-based workforce and service planning with communities in order to meet community need
- Develop innovative workforce models to support community need and increase workforce capacity (allied health rural generalist models)
- Advocate for further policies and activities to attract health professionals to remote and rural areas including assistance with relocation grants and incentives, accommodation solutions, and family support opportunities including schooling and childcare for children and employment opportunities for partners
- Support for clinical and leadership development in primary care setting
- Promote the increased use of virtual and digital tools including telehealth
- Investigate blended funding workforce models to support financial viability and skills retention

[3] Headspace, National Youth Mental Health Foundation. (2019). Increasing demand in youth mental health. A rising tide of need. https://headspace.org.au/assets/Uploads/Increasing-demand-in-youth-mentalh-a-rising-tide-of-need.pdf
[4] COAG (Council of Australian Governments). 2012. National Healthcare Agreement Indicators tables: COAG. Accessed via https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-indicators/national-healthcare-agreement-indicators
[5] Australian Psychological Society. (2021, December 21). APS Submission Queensland Public Health Inquiry due 23 Dec 2021. Accessed via https://psychology.org.au/about-us/what-we-do/advocacy/submissions/professional-practice/2021/queensland-public-health-inquiry