Allied health services can help people stay fit and well, be more mobile and stay out of hospital. Services can enable patient flow through the health system, improve quality of life, and prevent readmission and reliance on the health care system. Yet, access to allied health services is not universally accessible or affordable for people living in rural and regional and remote (RRR) Australia. In remote regions, where levels of chronic illness are higher and accessibility to allied health services is lower, this is an issue of particular concern. In addition, the number of allied health services that are available in RRR areas are disproportionately low compared to need due to barriers to recruitment and retention, training and career pathways in the allied health professions.

Spatial distribution of the allied health workforce

Allied health workforce data can be classified into five remoteness categories namely: major cities (MC), inner regional (IR), outer regional (OR), remote (R) and very remote (VR).

More recent data have been classified under the Modified Monash Model (MMM) classification system. The MMM categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size.

Who is an allied health professional?

Allied health professionals are those that are not part of the medical, dental or nursing professions. They are university qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. Allied health practitioners often work within a multidisciplinary health team to provide specialised support for different patient needs.1

‘Allied health professionals’ include the following groups: audiologists, Chinese medicine practitioners, chiropractors, dietitians, exercise physiologists, medical radiation practitioners, occupational therapists optometrists, osteopaths, pharmacists, physiotherapists, psychologists, podiatrists, social workers and speech pathologists.2

Under the national legislation1 the professions of psychologists, pharmacists, physiotherapists, occupational therapists, medical radiation practitioners, optometrists, chiropractors, Chinese medicine practitioners, podiatrists, and osteopaths are defined as being those people who are registered by the national boards in conjunction with the Australian Health Practitioner Regulation Agency (AHPRA) to practice in those professions. The boards set out standards and eligibility criteria for each profession that need to be met for people to be registered and practice in Australia.3

There are other groups of allied health practitioners, for example dietitians, speech pathologists and social workers that are self-regulated and therefore not registered with AHPRA. The number of these professionals is difficult to determine due to complications in data acquisition however, anecdotal evidence provided by membership bodies e.g. Speech Pathology Australia, attest to the decrease in number of professionals by remoteness.

Sources of data

This fact sheet uses Australian Bureau of Statistics (ABS) census data provided by the Department of Health to determine the prevalence of registered and self-regulated allied health professionals. Other useful sources of data on allied health workforce are:

- Australian Institute of Health and Welfare (AIHW)4: This is the first report of different allied health professionals following the introduction of the National Registration and Accreditation Scheme in 2010.
- Health Workforce Australia (HWA)5 data on allied health workforce supply are available in the ‘Australia’s Health Workforce Series’ – a series of issues focusing on specific allied health professions.

How is prevalence of allied health professionals determined?

The Department of Health uses the Full Time Equivalent (FTE) rate to calculate the prevalence of allied health professionals.

What is the prevalence of allied health professionals?

Registered allied health professionals

There is a higher prevalence of allied health professions in major cities compared to remote and very remote areas.
In rural and remote communities the allied health workforce is insufficient, having more than half the psychologists, physiotherapists, dietitians and speech pathologists in very remote areas in 2016 (24%, 43%, 3% and 6% respectively) per 100,000 population of the major cities. 6,7 The professions with the highest number of practitioners are psychologists, physiotherapists and pharmacists across all areas, however these professions are still under-represented in rural and remote areas, when compared to needs of the population. Figure 1 uses two data points (2013 and 2016) to illustrate the disparities in selected registered allied health workforce supply namely optometrists, pharmacists, physiotherapists, and psychologists. The pattern has remained consistent over the years, with the number of registered allied professions decreasing by increased remoteness.

In regard to disability services, for instance, a lack of allied health workforce severely impacts the ability to deliver services funded by the National Disability Insurance Scheme (NDIS).8 Patients with disability and chronic conditions are also vulnerable due to irregular supply of treatment.

A lack of funding for allied health jobs, career pathways and professional development opportunities are some of the additional challenges facing the allied health workforce sector.9 Increasing the allied health workforce may not be a panacea, but it is evidently critical due to the nature of the health challenges faced by people living in these areas. Addressing allied health workforce shortages would make a significant difference to health outcomes if addressed alongside other rural health priorities.

Self-Regulated Allied Health Practitioners

Supply of self-regulated allied professions also decreases with increased remoteness across most professions. Figure 2 shows that the numbers of FTE dietitians, audiologists, speech pathologists, and social workers was lower in remote and very remote areas.

Policy Implications

The number of allied health practitioners in remote and very remote areas is disproportionate to the health challenges experienced by the population in these areas. Recruitment and retention of the allied health workforce to rural and regional areas appears to be a common challenge experienced across all professions, often resulting in longer waiting times for patients as service demand often exceeds the existing workforce.7 In some instances, there is a total gap in service with no locally based service provider available. This often results in patients traveling longer distances to get assistance.

In regard to disability services, for instance, a lack of allied health workforce severely impacts the ability to deliver services funded by the National Disability Insurance Scheme (NDIS).8 Patients with disability and chronic conditions are also vulnerable due to irregular supply of treatment.

A lack of funding for allied health jobs, career pathways and professional development opportunities are some of the additional challenges facing the allied health workforce sector.9 Increasing the allied health workforce may not be a panacea, but it is evidently critical due to the nature of the health challenges faced by people living in these areas. Addressing allied health workforce shortages would make a significant difference to health outcomes if addressed alongside other rural health priorities.

References

10. Community Affairs References Committee. The factors affecting the supply of health services and medical professionals in rural areas. Commonwealth of Australia, 2012

Footnotes

1. The Australian Institute of Health and Welfare (AIHW) uses the term ‘allied health practitioners’ to mean the groups of professionals listed here although it is recognised that other groups of allied health practitioners exist, for example, paramedics and dental practitioners.
2. The Health Practitioners Regulation National Law is the national legislation regulating the National Registration and Accreditation Scheme (NRAS). The NRAS has been established by state and territory governments and aims to protect the public by ensuring that only suitably trained and qualified practitioners are registered [Cited 2019 July 25]: https://www.1.health.gov.au/ internet/main/publishing.nsf/Content/work-nras}.