

Allied Health Workforce Macro Trends Report



NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

Produced by: NSW Ministry of Health

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Further copies of this document can be downloaded from the NSW Health webpage www.health.nsw.gov.au

© NSW Ministry of Health 2021

SHPN (WPTD) 211000
ISBN 978-1-76081-995-8

May 2022

Disclaimer: The purpose of this report is to outline the methodology, approach and themes raised by the literature and Allied Health stakeholders to inform the Workforce Modelling phase of the NSW Ministry of Health's Workforce Planning Methodology. It should be noted that the views expressed in the report by stakeholders are not necessarily those of the NSW Ministry of Health.

Contents

Executive Summary	2
Purpose and context	2
Macro trends	2
Opportunities for the future	5
How to use this report	6
Introduction	7
Background	7
Project objective	7
Project approach	7
Current landscape	8
The NSW Health allied health workforce	8
Current challenges	10
NSW Health strategic priorities	10
Guide to this report	11
Macro trends and key findings	11
Opportunities for the future	11
Macro Trends	12
Promoting the value of the allied health workforce	12
Leadership and governance	15
Training and career progression	17
Workforce planning and data	20
Service delivery	23
Access and equity	26
Using macro trends to inform future actions	28
Concluding comments	33
Appendices	34
1. NSW Ministry of Health project team	34
2. List of consultations	34
3. Directors of Allied Health Leadership Group workshop participants	34
4. Validation of Horizons Scanning and Scenario Generation Reports	35
5. Workshop with the Directors of Allied Health	37
6. Workforce dashboard example – draft allied health workforce dashboard	38

Executive Summary

Purpose and context

This report aims to support the collective thinking of the individual allied health professions and align this thinking with the key strategic objectives of NSW Health and value-based health care.

The overarching objective of this project was to bring together the findings of all 18 Horizons Scanning and Scenario Generation projects and to distil these findings into macro trends for the allied health workforce of NSW Health.

The report will be used to identify commonalities among the different allied health workforces and to guide future allied health workforce priorities and initiatives at both the local level and State level including:

- **at the local level:** within local health districts (LHDs)/specialty health networks (SHNs) and allied health teams
- **at the State level:** in collaboration between relevant groups including the NSW Ministry of Health (MoH), the Directors of Allied Health, and the Allied Health Advisory Groups.

It should be noted that the Horizons Scanning and Scenario Generation reports that fed into this report were conducted across a period of six years spanning 2015–2021. Summary reports identifying supply and demand drivers, challenges and opportunities relevant to a workforce, were provided to all Allied Health Advisory Groups (or equivalent) for verification and identification of any new or now obsolete themes. Consultations with members of the MoH Workforce Planning and Talent Development Branch leadership team and the Directors of Allied Health were conducted to discuss the macro trends and further identify NSW Health strategic priorities.

Macro trends

The macro trends describe the common themes applicable across the collective allied health workforce in NSW. The six macro trends identified are presented in Table 1 below.

The macro trends should be considered at both the State and local level as reflected in the future opportunities. At the State level the macro trends reflect opportunities for scalable workforce uplift and change. At the local level the macro trends reflect opportunities to address local workforce and geographical issues.

The macro trends have been distilled based on the review and synthesis of Horizons Scanning and Scenario Generation reports and stakeholder consultations. Table 1 provides a summary of these findings. It is recognised that relevance of the trends and themes presented in this report will differ for each individual allied health profession. Detailed findings are outlined in the body of this report.

Table 1: Summary of macro trends

Promoting the value of the allied health workforce

- **Increased awareness, recognition and the perceived value of allied health professionals** was noted to be incrementally growing, however this seemed to be related to key programs or individual groups/individuals who demonstrated their value.
- While the value of allied health is broadly understood, it was overwhelmingly agreed that there is opportunity to better **demonstrate and promote the value of allied health** through current value-based care initiatives and measurable outcomes.
- **Participation of allied health professionals in multi-disciplinary teams** and care was variable, as was the role of allied health professionals in MDTs.
- **Positive workplace cultures** were noted as a key enabler in supporting staff wellbeing, and collaboration and integration across health professionals.



Leadership and governance

- **Operational and professional governance arrangements were variable** for the allied health workforce both across and within LHDs/SHNs and between individual allied health professions, regardless of the size of the profession.
- For some individuals or typically small and micro professions, **linkages to the Director of Allied Health** or to other allied health professions was largely absent.
- **Variation and inconsistency across NSW Health in clinical governance** and supervisory arrangements was also highlighted.
- **Stakeholders emphasised the importance of embedded allied health leadership across all levels** as critical in influencing and supporting the allied health perspective, and in influencing strategic direction and future workforce and service planning.



Training and career progression

- **Career pathways and opportunities for career progression within NSW Health** for the allied health workforce were reported to be limited. This was considered to be one factor that could impact the retention and attraction of the allied health workforce.
- **Allied health professions consulted identified a desire for greater education and professional development opportunities** to support clinical capability, as well as opportunities to support individual career pathways and areas of interest.
- Innovative proposals to **create a pipeline of allied health talent** across government agencies or in partnership with other organisations was viewed as an opportunity to create new career pathways for allied health professionals.
- **Challenges related to the availability and workload associated with student clinical placements and supervision** were common across allied health professions.
- Several **constraints and challenges across the various allied health awards** were highlighted. A process of modernising current employment arrangements was considered important and time sensitive by participants.



Workforce planning and data

- **Access to workforce and activity data** – while valuable NSW Health workforce data does exist for allied health professions, this data is typically accessed by local workforce teams for the purposes of reporting and may not be made readily available to allied health executives and managers to support planning and decision making. Additionally, workforce data on factors influencing the supply of allied health professions was considered a particular area of deficit, held by entities external to NSW Health (e.g. university sector; and allied health representative organisations). Lastly, activity and outcome data for allied health professions was highlighted as a critical gap and presents a significant opportunity for improving the evidence base for allied health services and supporting the strategic shift to value-based care. The relationship between workforce, activity and outcome data and the importance of these data to inform service and workforce planning was a key theme across all allied health professions.
- **Meaningful service planning aligned to need** – the importance of workforce planning was highlighted consistently by allied health professions and revealed: opportunities to improve both Statewide and local responsibilities for workforce and service planning; a preference to move away from full-time equivalent (FTE) based planning towards workforce requirements to support evidence-based models of care; and the potential for flexible and innovative workforce solutions, particularly at a local level.
- **Workforce diversity planning** – challenges with the diversity of the allied health workforce exist for many allied health professions and include: Aboriginal allied health professionals; Culturally and Linguistically Diverse (CALD) representation; gender balance; and disability inclusion.



Service delivery

- **Evidence-based models of care** – allied health professions aim to deliver care that is evidence based and improves the body of evidence through continuous improvement and innovation. Key areas include: multi-disciplinary care; patient centred design; community allied health services; biopsychosocial models of care; and support for ongoing research.
- **Scope of practice** – there is a lack of clarity of the ‘top of scope of practice’ across allied health professions, inconsistency in the breadth of allied health services across facilities and LHDs/SHNs and a lack of awareness by other healthcare professionals and patients of the full complement of skills and value of allied health services. This is also evident in challenges regarding referral pathways to allied health services.
- **Advancing technology** – technology was typically seen by allied health professions as an opportunity to support workforce and service improvements with telehealth and virtual care having potential application across allied health services and emerging technologies providing opportunities that are typically allied health profession specific (e.g. audiology devices; prosthetics manufacturing automation; artificial intelligence (AI) in diagnostic imaging; genomics; ophthalmic technologies). More recently, advances in virtual care models and adoption in response to the COVID-19 pandemic provide an opportunity for allied health professions to optimise their services for the future.



Access and equity

- **Priority areas for improved access and equity of allied health services** – there were three priority areas that were raised consistently by allied health professions:
 - The health challenges and access to allied health services for Aboriginal people
 - The range of CALD populations and other priority population groups who require improved access to allied health services
 - The challenge of providing effective access to allied health services in rural and remote NSW
 - **Similar challenges and opportunity areas** – there were similar themes across the priority areas above, that described both challenges and opportunities:
 - The challenge to provide equity in access to services across NSW
 - The challenge to provide culturally appropriate services
 - Opportunities for innovative models of care designed for local priority groups
 - Opportunities for innovative allied health workforce models to meet local health needs
 - Opportunity to improve diversity of allied health workforce to meet population needs
-

Opportunities for the future

Potential opportunities for the NSW Health allied health workforce have been identified for each macro trend in line with the Horizons Scanning and Scenario Generation reports, the project consultations, and the NSW Health strategic priorities. These opportunities should be used to inform priorities for allied health workforce development at three levels: State; allied health professions and local health district.

Promoting the Value of the Allied Health Workforce

- 1.1 Develop and promote a collective allied health identity and individual allied health profession profiles
- 1.2 Continue to promote the value of allied health and advocate for allied health, as a collective and as individual teams and professions

Leadership and Governance

- 2.1 Clearly define and identify shared principles for operational, professional and clinical governance for the allied health workforce
- 2.2 Promote and embed allied health leadership across all key strategic areas (e.g. leadership pathways; leadership roles; strengthen advisory networks)
- 2.3 Implement and strengthen operational, professional and clinical governance across all LHDs and SHNs

Training and Career Progression

- 3.1 Support and strengthen recruitment and retention initiatives
- 3.2 Develop tools and resources that enable allied health professionals at all levels to inform and plan their learning and career pathways
- 3.3 Strengthen support for best practice continuing education and professional development for allied health as a collective
- 3.4 Identify innovative allied health models across all professions for student clinical placements, education and supervision
- 3.5 Research and design contemporary employment arrangements based on changing workforce requirements and best practice, in consultation with key stakeholders
- 3.6 Implement local mechanisms to support training and career progression opportunities on a regular basis

Workforce Planning and Data

- 4.1 Identify statewide priority initiatives to improve the availability of allied health data, reporting and analytics across key areas of: workforce data; service activity; and outcomes measures
- 4.2 Statewide workforce planning should focus on informing strategic issues: scope of clinical services; education, training and career; best practice; and workforce diversity challenges
- 4.3 Statewide profession specific workforce planning should focus on: best practice workforce models; engagement of universities and peak bodies in supply planning; and workforce diversity challenges
- 4.4 Local allied health workforce planning that is informed by local needs and priorities, statewide strategy, best practice guidance from allied health professions and local multi-disciplinary collaborations

Service Delivery

- 5.1 Actively shape the strategy for allied health services to continue to enhance the presence of allied health and advance the professionalism and profile of all allied health services
- 5.2 Allied health professions should provide statewide leadership to reinforce the value of the profession, promote best practice and guide effective local planning across LHDs/SHNs
- 5.3 Local allied health service planning should be informed by: local needs and priorities; statewide strategy; best practice guidance from allied health professions; and local multi-disciplinary collaborations

Access and Equity

- 6.1 Allied health to actively engage in statewide strategy and planning focused on the priority areas for access and equity
- 6.2 Allied health professions develop formal central mechanisms to identify and share best practice to inform local service planning to improve access and equity priorities in line with statewide strategy
- 6.3 Develop local allied health services plans for priority areas informed by statewide strategies, guidance from allied health professions and local multi-disciplinary planning
- 6.4 Allied health actively engage in local service planning for integrated, multi-disciplinary models of care, and innovate workforce solutions

- NSW Ministry of Health
- Directors of Allied Health Group
- Allied Health Advisory Groups
- Local

How to use this report

The opportunities identified are designed to be relevant and able to be actioned at either a State or local level. An exercise to prioritise opportunities should therefore be undertaken at both the State and local levels. Prioritisation of the opportunities will assist stakeholders at the State and local level to focus on areas of highest importance to stakeholders, for example problems to be solved and/or solutions to be implemented.

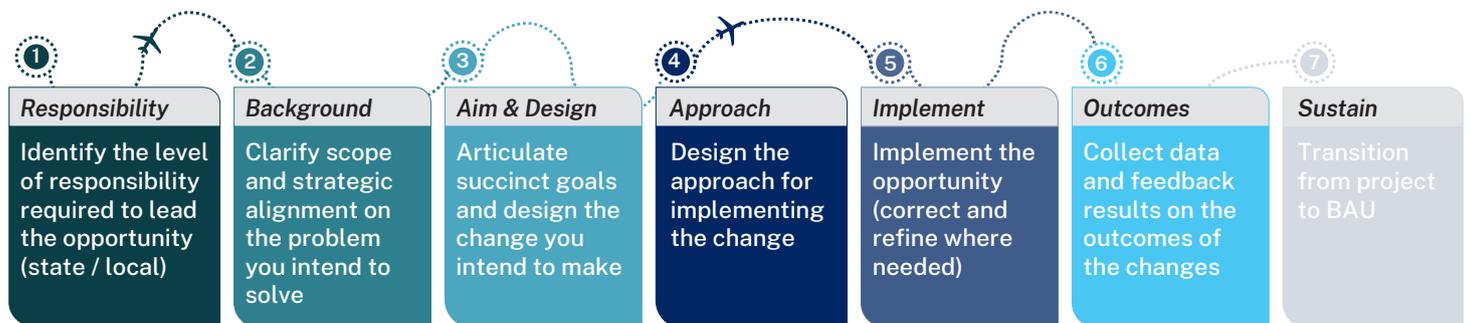
A simple prioritisation approach is outlined in the body of the report and can be used at the State and local level to generate discussion about the relative importance of the opportunities and subsequently identify areas of focus.

Translating the identified priority opportunities into practical actions for the allied health workforce is the next step.

The opportunities identified are not exhaustive and are likely to have different levels of impact and value in responding to the macro trends facing the allied health workforce. At the same time, they illustrate that a range of practical local and Statewide options can be derived from the aggregated trends.

Following the prioritisation of opportunities at either the State or local level, 'Figure 1' presents example steps, that may be considered when implementing opportunities.

Figure 1: Step to implementing opportunities



Introduction

Background

The allied health workforce in NSW Health is a diverse group of university trained clinicians who provide patient centred care by assessing, diagnosing and treating a range of conditions to optimise function. In addition, they contribute to patient well-being by providing psychosocial support, health promotion, advocacy and ensuring safe and enabling environments.¹ NSW Health employs allied health staff across 23 different professional groups. The MoH Workforce Planning and Talent Development Branch have undertaken a number of allied health projects in alignment with strategies within the Health Professionals Workforce Plan 2012-2022. This includes a workforce mapping exercise (known as Horizons Scanning and Scenario Generation) to identify and forecast health service delivery requirements towards 2030.²

There were 18 Horizons Scanning and Scenario Generation Projects undertaken which explored 23 individual allied health professions. The purpose of the horizons scanning was to identify the roles of allied health professions, the challenges and the drivers that are expected to influence the role of these workforces in the future. Scenario generation was subsequently used to discuss plausible future workforce scenarios and determine potential impacts and priorities. Project outputs provide an additional future input to workforce modelling for allied health professions across NSW Health.

Project objective

The objective of this project was to synthesise the findings from the allied health Horizons Scanning and Scenario Generation projects to identify the *macro trends* relevant to the allied health workforce as a collective. These findings inform the potential future opportunities for the NSW Health allied health workforce.

Project approach

The project consisted of two key input activities to inform the macro trends and opportunities for future direction of the allied health workforce.

Activity	Description
Review and synthesis of Horizons Scanning and Scenario Generation reports	<p>The 18 Horizons Scanning and Scenario Generation reports of 23 allied health professions, conducted between 2015-2021, were reviewed and summarised for this project. The summary reports were provided to all Allied Health Advisory Groups (or equivalent) for verification and identification of any new or now obsolete themes. <i>See Appendix 4 for further information.</i></p> <p>The 18 summary reports were further distilled and synthesised into common themes and macro trends across all allied health professions relevant to workforce supply, demand drivers, challenges, and opportunities.</p> <p>Available workforce data (internal to the NSW Ministry of Health) was also reviewed in this phase. Detailed workforce data was not reviewed and is not presented in this report.</p>
Consultations	<p>Consultations were conducted with members of the MoH Workforce Planning and Talent Development Branch leadership team to discuss the macro trends identified and the broader strategic priorities for NSW Health and relevance to the allied health workforce. <i>See Appendix 1 for consultation list.</i></p> <p>A workshop with the Directors of Allied Health was designed to validate the macro trends identified and to discuss the opportunity areas for future focus for the allied health workforce. <i>See Appendix 3 for attendees and Appendix 5 for information about the workshop.</i></p>

1 <https://www.health.nsw.gov.au/workforce/alliedhealth/Pages/default.aspx>

2 <https://www.health.nsw.gov.au/workforce/alliedhealth/Pages/allied-health-workforce-projects.aspx>

Current landscape

As stated in the *Review of Australian Government Health Workforce Programs, 8.2 Allied Health Workforce*:

“In very broad terms, Allied Health professionals provide services to enhance and maintain functions of their patients (clients) within a range of settings including hospitals, private practice, community health and in-home care. There is an emphasis on health lifestyle and on independence; whether that is physically, psychologically, cognitively or socially. Allied health professionals also have a large role in the management of people with disabilities from childhood to adult.”

As a critical workforce for public health services and the health of the community, NSW Health has a focus on developing the allied health workforce.

The NSW Health allied health workforce

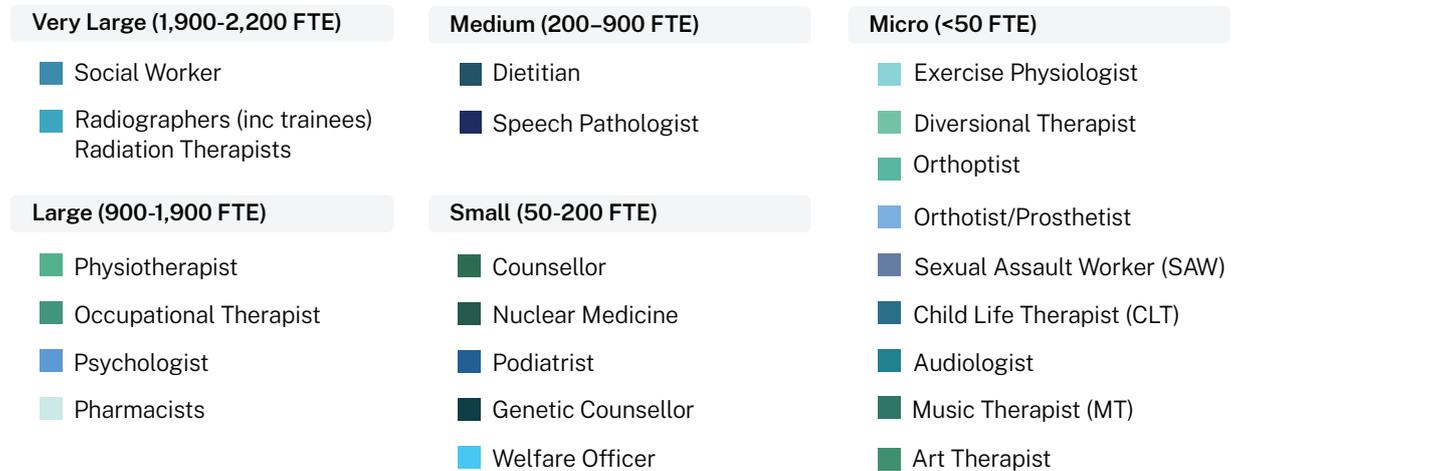
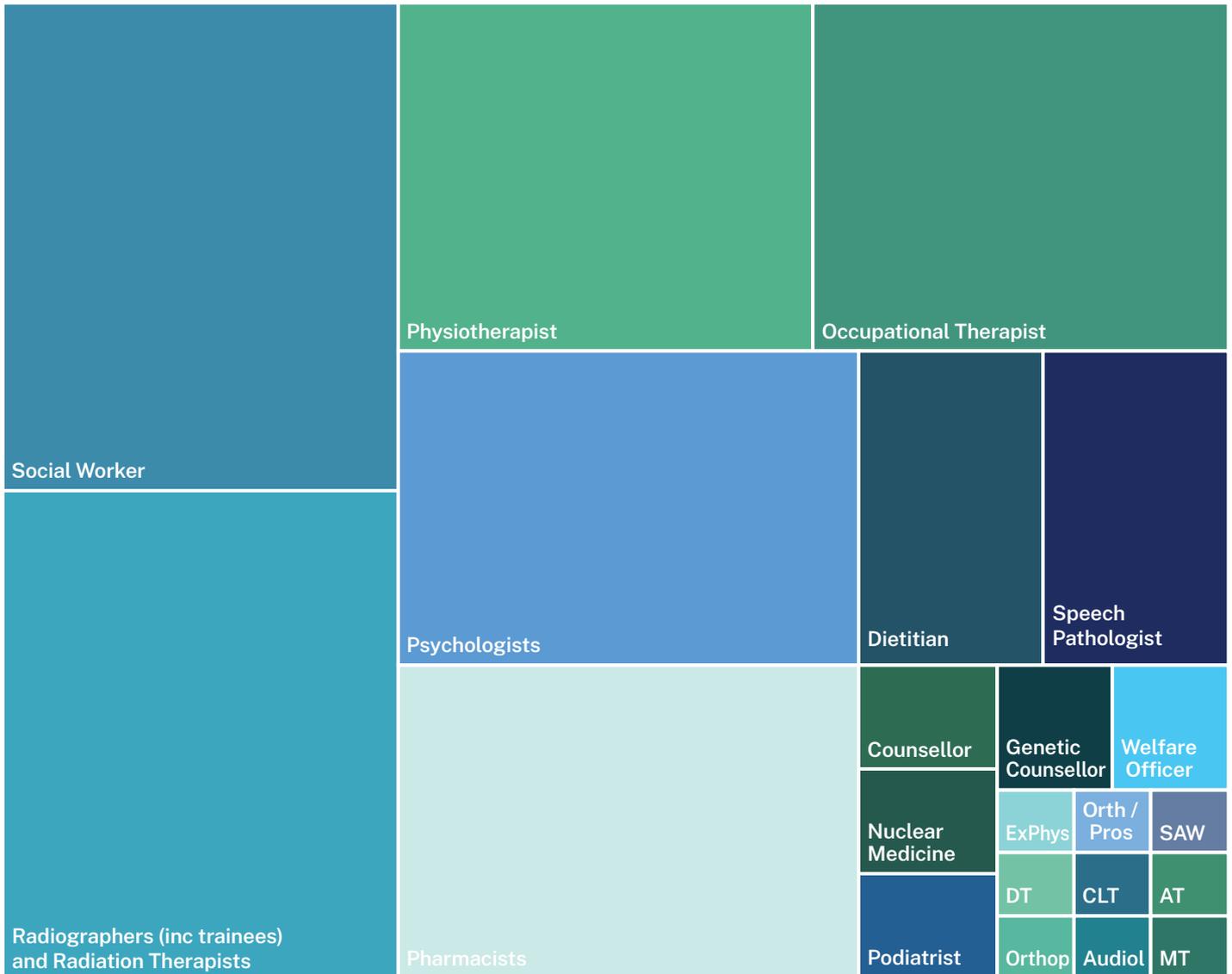
The NSW Health allied health workforce delivers care and services to the people of NSW spanning large geographical areas across metropolitan, regional, rural and remote regions and multiple settings including acute, sub-acute, ambulatory and community locations. Collectively, allied health professions contribute a diverse range of clinical, science and therapy skills and are well positioned to lead the way in more integrated approaches to health care delivery.

In NSW Health, the following twenty-three allied health professional groups fall within the Allied Health Portfolio of the Workforce Planning and Talent Development Branch. These include:

- Art Therapist
- Audiology
- Child Life Therapist
- Counselling
- Diversional Therapist
- Exercise Physiology
- Genetic Counselling
- Music Therapist
- Nuclear Medicine Technology
- Nutrition and Dietetics
- Occupational Therapy
- Orthoptics
- Orthotic and Prosthetics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Radiation Therapy
- Radiography
- Sexual Assault
- Speech Pathology
- Social Work
- Welfare

These professional groups range from very large (1,900–2,200 FTE) to micro (<50 FTE) in size. Figure 2 presents the relative size of each profession within the allied health workforce.

Figure 2: Relative size of Allied Health workforce captured in NSW Health FTE/Award data across all Local Health Districts (LHDs) and Speciality Health Networks (SHNs) (June 2020)



Current challenges

NSW Health is a high performing health system. It aspires to provide outcome-focused and value-based care; improve quality of care; and improve the health and experience of the population and providers whilst managing the overarching sustainability of the system.

Within this system there continues to be fundamental challenges impacting the allied health workforce, as highlighted through the Horizons Scanning and Scenario Generation reports. Many of these challenges relate to the macro trends in this report and as such are discussed with the relevant trend. In addition, challenges that typically sit outside the macro trends include:

- **population and demographic changes:** a growing ageing population and an increased incidence of chronic and complex disease increasing demand for services
- **increased health literacy:** increasing consumer expectations and consumers taking a more active role in their care
- **preventative care:** challenges in the expansion of proactive and preventative care in the community
- **changing legislative and policy drivers:** increased workload as a result of new and changing legislation; and State and national policy drivers and funding
- **fit-for-purpose funding models:** traditional funding arrangements that drive volume not value and the traditional focus on acute care services.

NSW Health strategic priorities

NSW Health has a strategic goal to transition the health system from one driven by volume/activity-based care towards a system driven by value, focussing on Quadruple Aim outcomes.³ The allied health workforce is well placed to play a leading role in this goal to deliver value-based care.

The macro themes presented in this report have been aligned to the key strategic priorities of NSW Health as outlined below.

1. **Future Health: Strategic Framework Guiding the next decade of care in NSW 2021-31:** outlines the vision for NSW Health as *'a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled'*.

Future Health identifies six strategic outcomes and associated priority actions. These strategic outcomes include:

- **Patients and carers have positive experiences and outcomes that matter:** people have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.
- **People are healthy and well:** preventing some of the most significant causes of ill health and tackling health inequality in our communities.
- **Safe care is delivered across all settings:** safe, high quality care is delivered across a range of settings in a sustainable and personalised way.
- **Our staff are engaged and well supported:** our people are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.
- **Research and innovation, and digital advances inform service delivery:** clinical service delivery continues to transform through medical research, digital technologies, and data analytics.
- **Managing for a sustainable business:** our business is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.

2. **The NSW Health Workforce Plan 2022-2032:** outlines the vision for the NSW Health Workforce as *'Our people are supported to deliver safe, reliable, person-centred care driving the best outcomes and experiences'*.

The six priorities of the workforce plan identify what is to be achieved in the next ten years:

- Build positive work environments that bring out the best in everyone
- Strengthen diversity in our workforce and decision-making
- Empower staff to work to their full potential around the future care needs
- Equip our people with the skills and capabilities to be an agile responsive workforce
- Attract and retain skilled people who put patients first
- Unlock the ingenuity of our staff to build work practices for the future.

3 About value based healthcare (NSW Health), <https://www.health.nsw.gov.au/Value/Pages/about.aspx>. Accessed August 2021.

Guide to this report

There were six macro themes identified for the collective allied health workforce as part of this project (Figure 3):

- promoting the value of the allied health workforce
- leadership and governance
- training and career progression
- workforce planning and data
- service delivery
- access and equity.

Figure 3: Allied health macros trends project inputs and the six macro themes identified



Each of these themes are presented in the following chapter of this report that highlights the relevant macro trends, key findings and the opportunities for the future as described below.

This report does not call out the alignment of individual professions within the macro trends. The Horizons Scanning and Scenario Generation Reports for individual professions should be referenced for specific drivers, challenges and opportunities for individual professions. In this report, macro trends and key findings that appeared common to the size of an allied health profession have been identified. Allied health professions have been grouped by size as per Figure 1 and range from very large (1,900–2,200 FTE) to micro (<50 FTE).

Macro trends and key findings

The macro trends describe the common findings applicable across allied health professions. The key findings explore the macro trends in further detail.

Opportunities for the future

The opportunities presented in this report focus on translating the macro trends into practical suggestions for a future multi-disciplinary allied health workforce. The suggested opportunities have been largely derived from consultations and individual workforce reports. At the same time, these opportunities align with and compliment the **current** NSW Health strategic and policy directions. It should be noted that both trends and strategic priorities evolve over time and alignment should be regularly updated to retain currency.

The opportunities identify two tiers for stakeholder focus:

- **State level opportunities:** identifies opportunity areas that are considered to impact the allied health workforce as a collective and require a collaborative effort across different groups to address. It is proposed that these opportunities be led by a combination of the NSW Ministry of Health, the NSW Health Directors of Allied Health, State NSW Health Allied Health Advisory Groups and the Health Education and Training Institute (HETI).
- **Local level opportunities:** identifies opportunity areas that can have an impact and be implemented at the local level. It is proposed that these opportunities be led by a combination of the local Director of Allied Health, Local Health Districts (LHDs) and Speciality Health Networks (SHNs) and local allied health managers and teams.

Macro Trends



Promoting the value of the allied health workforce

Value-based health care is central to the provision of high quality and effective health care services for all people. Value-based healthcare will improve health outcomes that matter to patients by evolving how patients receive and how clinicians provide care.⁴ Value-based healthcare in NSW means delivering services that improve:

- the health outcomes that matter to patients
- the experience of receiving care
- the experience of providing care
- the effectiveness and efficiency of care.

Macro themes summary

- **Increased awareness, recognition and the perceived value of allied health professionals** was noted to be incrementally growing, however this seemed to be related to key programs or individual groups/individuals who demonstrated their value.
- While the value of allied health is broadly understood, it was overwhelmingly agreed that there is opportunity to **better demonstrate and promote the value of allied health** through current value-based care initiatives and measurable outcomes.
- **Participation of allied health professionals in multi-disciplinary teams (MDTs)** and care was variable, as was the role of allied health professionals in MDTs.
- **Positive workplace cultures** were noted as a key enabler in supporting staff wellbeing, collaboration and integration across health professionals.

Key findings

Awareness and recognition of allied health profession/s

- The professional identity and profile of many allied health professions was an ongoing challenge and was noted to be agnostic of profession size. This challenge relates to the overarching awareness and recognition of allied health as a collective and of individual allied health professions, by both health professionals and consumers.
- Healthcare professionals (including general practitioners, nurses, medical specialists) were at times uncertain regarding the role and scope of practice of different allied health professions. Some, in particular the 'micro' allied health professions, noted an incremental increase in awareness, recognition and perceived value of the profession and this was reported to often be through the efforts of allied health professionals who demonstrate their value.
- Among consumers and the general public, there was a perceived lack of recognition of allied health professions skill set and their positive contribution to patient outcomes. However, an increase in consumer awareness about some of the larger allied health professions was thought to be related to changing community knowledge and perceptions, and through the visibility of key programs involving allied health professionals.

⁴ Koff, Elizabeth and Lyons, Nigel. (2020). Implementing value-based health care at scale: the NSW experience. Med J Aust 2020; 212 (3). doi: 10.5694/mja2.50470. Published online: 17 February 2020.

Value of allied health professionals

- All allied health professions agreed there was opportunity to better demonstrate and promote the value of allied health and deliver better value health care.
- It was acknowledged that accurate data on activity, outcomes and experience is essential in building the evidence base to demonstrate the value of allied health professions across the Quadruple Aim: for patients, clinicians and the system. Additionally, data will support workforce growth, new workforce strategies and innovative models of care.

Multidisciplinary teams and care

- Multi-disciplinary teams (MDTs) and care are best practice across a wide range of health care conditions. Allied health professionals currently work across a range of MDTs. The extent to which individual professions participated in MDTs was reported to be growing but there existed further opportunity for allied health professions to be involved in more MDTs and for the skills and roles of individual professions to be more fully understood by the MDT. This was particularly noted for smaller professions. In some instances, participation in MDTs was dependant on the individual profession and location. It was noted that there exists opportunity for allied health professions to clearly define their role and work more broadly across a range of health care conditions and partner with other clinicians to provide seamless care across a complete patient pathway.

Workplace culture

- Building a positive workplace culture and valuing the knowledge, skill and contribution of allied health professionals was thought to support working relationships with other health professionals and the overall wellbeing of allied health professionals.
- Challenges including the inability to get backfill for professional development, the lack of clearly delineated career pathways and opportunities were reported to impact negatively on the workforce culture. Negative perceptions of the profession were also reported by some allied health professionals.
- A culture of collaboration and integration across all health professionals leads to the breaking down of 'traditional silos' and ultimately shared opportunity to provide better patient care and decision making.
- A positive workplace culture can support the mental health of staff, reduce burn out, increase productivity and workforce retention in a rapidly changing environment.

COVID-19 learnings

The recent COVID-19 pandemic has placed our health system and workforce under considerable pressure. It has also demonstrated the value of the allied health workforce in its agility to respond rapidly to evolving healthcare demands. Innovative models of care led by allied health professionals as well as critical roles as part of the integrated care approach ensured the allied health workforce created capacity within our health system to support optimal healthcare delivery through safe models of care for the benefit of healthcare workers and patients. Allied Health leaders across the health system also ensured that there was early and sustained input into workforce surge planning which in turn has demonstrated proven benefits to patients and carers. We have an ongoing opportunity as we move into COVID-19 recovery and beyond to utilise our allied health workforce, as part of MDTs and collaborative workforce models to provide innovative and flexible solutions to mitigate workforce challenges such as increased staff absence due to planned and unplanned leave, fatigue, staff burnout, decreased productivity and potential post-pandemic staff attrition (the great resignation).

The agility and flexibility of the allied health professional and student workforce during the COVID-19 response has been demonstrated through numerous examples and models of care, including but not limited to:

- Strategic training and development of physiotherapists and other allied health to support the MDT in intensive care units including leading proning teams
- Being an early adopter of virtual care
- Involvement in contact tracing
- Conducting nasopharyngeal swabbing in COVID testing clinics
- Vaccinator roles in NSW Health clinics (limited professions)
- Working as part of the MDT within NSW Health's Special Health Accommodation

Potential future opportunities

Potential opportunities to promote awareness, recognition of the value of the allied workforce, aligned with the broader strategic priorities of NSW Health are presented below, indicating two-tiers of opportunities, that is at the State level and at the local level.

Opportunity	State / local
<p>1.1 Develop and promote a collective allied health identity and individual allied health profession profiles:</p> <ul style="list-style-type: none"> • Adopt a shared definition of ‘allied health’ that accurately reflects the workforce as a collective and as individual professions • Develop clear key messages to promote the ‘value’ and benefits of allied health • Implement a common mechanism to ‘showcase’ the value of allied health in existing value-based healthcare initiatives and as aligned to the Quadruple Aim • Promote the value and advocate for the role of allied health professionals through the strengthening of relationships with key stakeholders at the national, State and LHD/SHN executive level • Strengthen positive workplace cultures that value and respect allied health professionals 	<p>State</p> <p>Lead: Directors of Allied Health Group</p> <p>Others: NSW MoH, Profession specific Advisory Groups</p>
<p>1.2 Continue to promote the value of allied health and advocate for allied health, as a collective and as individual teams and professions:</p> <ul style="list-style-type: none"> • Develop a local plan to raise awareness and the profile of allied health professions and build relationships with key stakeholders • Share case study ‘exemplars’ that demonstrate the value of local allied health teams • Seek opportunities to collaborate across professions and LHDs and work together with other health professionals to share practice, innovate and implement new initiatives and models of care 	<p>Local</p>
<p>Strategic alignment</p>	
<ul style="list-style-type: none"> • Sustainability through Value Based Health Care (VBHC) and measurement and outcome focus (<i>Future Health: Managing for a sustainable business</i>) • Building positive workplace environments (<i>Future Health: Our staff are engaged and well supported. HWP: Build positive work environments that bring out the best in everyone</i>) • Provision of multi-disciplinary and integrated care in connection with other partners (<i>Future Health: Safe care is delivered across all settings. HWP: Empower staff to work to their full potential around the future care needs</i>) 	



Leadership and governance

Strong leadership at all levels is critical to broader system collaboration, engagement and motivation of the allied health workforce. Clear governance arrangements support the participation and engagement of the workforce to provide optimal care and future workforce planning.

Macro themes summary

- **Operational and professional governance arrangements were variable** for the allied health workforce both across and within LHDs/SHNs and between individual allied health professions.
- For some individuals or professional groups, **linkages to the Director of Allied Health** or to other allied health professions was largely absent.
- **Variation and inconsistency across NSW Health in clinical governance** and supervisory arrangements was also highlighted.
- **Stakeholders emphasised the importance of embedded allied health leadership across all levels** as critical in influencing and supporting the allied health perspective, and in influencing strategic direction and future workforce and service planning.

Key findings

Operational, professional and clinical governance

- Governance encompasses operational, professional and clinical governance and is required to be fit-for-purpose to address needs across a diverse allied health workforce.
- Governance arrangements provide professional support for the allied health workforce. Allied health professions of all sizes, including very large workforces, identified that governance systems and structures were variable between allied health professions and across LHDs/SHNs. Operational and professional reporting lines for allied health professions were often different.
- It was acknowledged that regardless of formal reporting lines, it is crucial that allied health professionals are linked with other allied health professionals and leadership.
- Linkages with the LHD/SHN Director of Allied Health (DAH) was considered important from a professional alignment perspective and in raising awareness/advocacy of individual allied health professions at executive levels, particularly for micro and small professions who often did not have any direct linkage with executive/senior management. Linkages to DAHs will also support allied health workforce planning for individual professions on an ongoing basis and the implementation of any actions required to support workforce priorities.
- The position and role of DAHs across LHDs/SHNs was observed to be variable. Numerous portfolio responsibilities of individual DAHs may make it difficult to focus on some allied health professions priorities. To effectively support the professional management of the allied health workforce it was identified that this role should ideally sit at the Executive Director level, inline with medical and nursing directors.
- Safety and quality and risk management were noted to be important elements of the governance requirements for allied health. The involvement of peak bodies/associations in clinical governance was an area for further investigation.
- Formalised and clear governance structures are required to ensure the allied health workforce is well supported by management and the broader allied health workforce is inclusive of all allied health professions.

Clinical governance and supervision

The purpose of clinical supervision⁵ is to ensure:

- delivery of high-quality patient care and treatment through accountable decision making and clinical practice
- facilitation of learning and professional development
- promotion of staff wellbeing by provision of support.

Clinical governance practice across professions and areas were remarked to be variable. Appropriate clinical supervision and mentoring through NSW Health was perceived to be not available for all allied health professionals.

The most common reasons for allied health professionals not receiving clinical supervision were: that direct reporting lines were not into an allied health manager; the allied health professional was the sole practitioner in their LHD or site; there was an absence of a sufficiently senior/experienced person to provide supervision; and, insufficient time for clinical supervision.

⁵ Health Education and Training Institute 2012, The superguide: a handbook for supervising allied health professionals, HETI, Sydney

Allied health leadership opportunities

- Allied health leadership is critical to broader system collaboration, engagement and whole of system workforce planning. Effective leadership provides a clear direction and vision and promotes a 'shift in thinking' from traditional siloed, specialty and facility-based thinking to thinking of the broader system, with coordination, continuous improvement and collaboration as core responsibilities.
- Allied health professionals bring an important perspective to leadership across the system based on their diverse array of expertise.
- Existing professional silos and structures and historical distribution of leadership roles to nursing and medical professions were viewed as limiting opportunities for allied health in leadership positions. The limited leadership opportunities were perceived to impact allied health professionals having a 'seat at the table' in strategic decision making and planning.
- Strengthening the focus on leadership capability and development was considered an area of opportunity for allied health professionals. The importance of embedding leadership across all levels of allied health governance and management, not just at the senior levels, was raised. The requirement for appropriate delegations for those in allied health leadership positions was also noted.

Potential future opportunities

Potential opportunities identified around leadership and governance, aligned with the broader strategic priorities of NSW Health are presented below, indicating two-tiers of opportunities, that is at the State level and at the local level.

Opportunity	State / local
<p>2.1. Clearly define and identify shared principles for operational, professional and clinical governance for the allied health workforce:</p> <ul style="list-style-type: none"> • Establish a clear set of standards for professional governance for LHDs with appropriate variations for large, small, micro professions • Establish consistency in clinical supervision across professions and locations, including models of peer supervision as appropriate • Consider important elements of governance including: <ul style="list-style-type: none"> – the balance between operational and professional governance and reporting lines – the requirement for safety and quality and risk management 	<p>State</p> <p>Lead: Directors of Allied Health Group</p> <p>Others: NSW MoH, Profession specific Advisory Groups</p>
<p>2.2. Promote and embed allied health leadership across all key strategic areas:</p> <ul style="list-style-type: none"> • Develop a success profile for Directors of Allied Health to enable future leaders direction on experiences and capabilities required for executive leadership roles • Develop a leadership pathway for allied health • Seek opportunities to grow allied health in leadership roles across all levels of governance and management • Strengthen Allied Health Advisory Groups and professional groups to be representative of all allied health workforces as required 	<p>State</p> <p>Lead: Directors of Allied Health Group and NSW MoH</p> <p>Others: Profession specific Advisory Groups</p>
<p>2.3. Implement and strengthen operational, professional and clinical governance across all LHDs and SHNs:</p> <ul style="list-style-type: none"> • Establish clear local operational and professional governance reporting structures and linkages to allied health • Embed clinical governance principles and consistent supervision practices • Strengthen local and cross LHD/SHN mentoring opportunities for allied health • Strengthen connections across allied health professions locally 	<p>Local</p>
<p>Strategic alignment</p> <ul style="list-style-type: none"> • Strengthen governance and leadership to support system and patient outcomes (<i>Future Health: Managing for a sustainable business; Our staff are engaged and well supported. HWP: Build positive work environments that bring out the best in everyone</i>) 	



Training and career progression

The provision of a stable effective allied health workforce with the required capability is a cornerstone for successfully optimising outcomes for patients, clinicians and the system.

Macro themes summary

- **Career pathways and opportunities for career progression within NSW Health** for the allied health workforce were reported to be limited. This was considered to be one factor that could impact the retention and attraction of the allied health workforce.
- **Allied health professionals consulted identified a desire for greater education and professional development opportunities** to support clinical capability, as well as opportunities to support individual career pathways and areas of interest.
- Innovative proposals to **create a pipeline of allied health talent** across government agencies or in partnership with other organisations was viewed as an opportunity to create new career pathways for allied health professionals.
- **Challenges related to the availability and workload associated with student clinical placements and supervision** were common across allied health professions.
- Several **constraints and challenges across the various allied health awards** were highlighted. A process of modernising current employment arrangements was considered important and time sensitive by participants.

Key findings

Career pathways and opportunities for progression

- There are limited employment opportunities for new graduates in the public health system, in some allied health professions this has resulted in new graduates increasingly finding employment in private practice. For several allied health professions, the number of positions in the public sector has been relatively static for several years.
- Current career pathways and opportunities for progression were highlighted as both a supply driver and a challenge across the majority of allied health professions. Stakeholders identified there are narrow opportunities for career progression for allied health professionals within NSW Health. In some allied health professions this was noted to be at a senior level, resulting in many mid-career allied health professionals taking a different path into other professional disciplines or management roles to advance their careers.
- Many allied health professions also identified an opportunity to strengthen and develop clearer career pathways to support allied health professions into the future.
- There may be an opportunity to develop and build career pathways across different areas of interest for allied health professionals (as a collective and in individual professions), including leadership and management pathways, policy pathways, and research and academic pathways. By empowering allied health professionals to fully utilise their broad range of talents and capabilities and undertake continuous growth and development, they will have greater opportunity to engage in meaningful work that delivers mutual benefits to them in their careers, to the system and patients.
- Consideration of standard quality assurance roles such as clinical educators and supervisors, involvement in strategic initiatives and MDT opportunities are further examples of enhancing career pathways for allied health professionals.
- The creation of allied health roles across government agencies or in partnership with other organisations was highlighted as an example of a system-wide approach to extending the talent pool and creating new career pathways and opportunities for allied health professionals.
- Recruitment and retention of the allied health workforce was considered both a challenge and an opportunity. This was agreed to be a particular challenge for rural and remote regions. Stakeholders noted that there needs to be incentives to attract the workforce to rural and remote areas and strong support for allied health professionals in these areas.
- Succession planning was seen to be an important component of current future workforce planning. Succession planning relates not only to filling vacancies upon retirement but also on creating a talent pipeline so that others can fill temporary vacancies made through parental leave, transition to part-time work or other long leave.

Education and professional development

- There is an ongoing need for the allied health workforce to actively participate in professional development as contemporary practice continually evolves. Additionally, all allied health professional roles are continually evolving and need to support capability to deliver new and future models of care.
- Availability of professional development opportunities was reported to be limited and was highlighted as one of the top supply drivers that impact retention of allied health professionals.
- There is opportunity to investigate the feasibility of developing education modules or professional development packages tailored to allied health professionals (as both a collective and as individual professions). This may include education to support various interest areas such as research, quality improvement and data.

Student clinical placements, education and supervision

- The most common theme across all allied health professions was related to students and included the availability of clinical placements and supervision, undergraduate training and education and graduate numbers and available workforce positions.
- Balancing demand for clinical placements and the availability of clinical placements for students was a key theme regardless of profession size. Clinical placements in the public sector could be difficult due to the limited education and training capacity across LHDs/Departments and the capacity of the current system to provide supervision placements.
- For some professions such as psychology, demand for university places currently exceeds places available. The number of graduates across some courses was also reported to exceed the availability of positions.
- The experience of having clinical placements in the public sector was thought to contribute to the readiness and capability of new graduates. Some professions expressed a misalignment between some of the skills gained through education with the skills required by clinical placements.
- It was suggested that dedicated educators would support disciplines to sustain and grow placement opportunities, ensuring clinical services are uncompromised.

Award challenges

- There are a range of awards applicable to allied health professionals.
- A number of constraints associated with different awards were noted, this included the variability in interpretation of the award impacting the grading of roles, the levels of reward and remuneration aligned with duties/roles performed, and the inability to progress beyond a particular level.
- For many allied health professions, the award was noted to be several years old and was reported to be no longer attractive or aligned to a contemporary workplace.
- There was a view that multiple awards contribute to the challenges in achieving consistency in professional governance, career pathways and grading practices.
- A competitive market for allied health professionals has also evolved in recent years through the implementation of the National Disability Insurance Scheme (NDIS) and the growth in the private sector. Remuneration in both sectors was considered to be attractive. As the competitive market grows this may impact workforce supply for NSW Health into the future.
- Modernising employment arrangements was considered a key mechanism for the future attraction and retention of allied health professionals.

Potential future opportunities

Potential opportunities identified around training and career progression, aligned with the broader strategic priorities of NSW Health are presented below, indicating two-tiers of opportunities, that is at the State level and at the local level.

Opportunity	State / local
<p>3.1. Support and strengthen recruitment and retention initiatives:</p> <ul style="list-style-type: none"> • Development of career pathways • Strong orientation and support systems for new graduates • Improved networks for allied health professionals • A more mobile workforce where appropriate • Proactive succession planning 	<p>State</p> <p>Lead: Directors of Allied Health</p> <p>Others: Allied Health Advisory Groups</p>
<p>3.2. Develop tools and resources that enable allied health professionals at all levels to inform and plan their learning and career pathways:</p> <ul style="list-style-type: none"> • Consider areas of interest in career pathway development, for example leadership and management, policy, research, education; and specialisation for relevant allied health professions • Partner with other agencies/private organisations to develop a pipeline of talent and opportunities for allied health to work across diverse areas • Identify opportunities for secondments to other LHD/SHN, departments etc • Consider conjoint appointments for allied health staff with universities 	<p>State</p> <p>Lead: NSW MoH, Directors of Allied Health Group</p> <p>Others: Profession specific Advisory Groups</p>
<p>3.3. Strengthen support for best practice continuing education and professional development for allied health as a collective:</p> <ul style="list-style-type: none"> • Identify approaches to enhance workforce capability/competency across areas of need, innovation and in considering new or non-traditional roles • Develop education packages to support identified career pathways • Create partnerships between MoH, universities and LHDs/SHNs to support undergraduate and post graduate education (e.g. capability of new graduates; student placements and supervision; balancing supply with demand) 	<p>State</p> <p>Lead: HETI</p> <p>Others: Directors of Allied Health Group, Profession specific Advisory Groups</p>
<p>3.4. Identify innovative allied health models across all professions for student clinical placements, education and supervision. Consider:</p> <ul style="list-style-type: none"> • the role of the public sector in student clinical placements • the system capacity for students and resourcing needs to support placements • alignment and influence on university courses and student numbers • resourcing required to support clinical placements 	<p>State</p> <p>Lead: NSW MoH, Directors of Allied Health Group</p> <p>Others: Profession specific Advisory Groups</p>
<p>3.5. Research and design contemporary employment arrangements based on changing workforce requirements and best practice, in consultation with key stakeholders.</p>	<p>State</p> <p>Lead: Directors of Allied Health Group</p> <p>Others: MoH Workplace Relations Branch</p>
<p>3.6. Implement local mechanisms to support training and career progression:</p> <ul style="list-style-type: none"> • Support local allied health workforces to identify and participate in clinical supervision, education and professional development opportunities on a regular basis • Implement a process of knowledge sharing and transfer within and across Allied Health professions • Undertake proactive succession planning (considering retirement, parental leave, part-time work etc) across all allied health professionals at the LHD level • Consider benefits of allocating resources towards a dedicated allied health educator role 	<p>Local</p>
<p>Strategic alignment</p>	
<ul style="list-style-type: none"> • Support continuous learning and improvement and capability development (<i>Future Health: Our staff are engaged and well supported. HWP: Equip our people with the skills and capabilities to be an agile responsive workforce</i>) • Modernising and embedding new ways of working. (<i>Future Health: Managing for a sustainable business; Our staff are engaged and well supported. HWP: Attract and retain skilled people who put patients first. Unlock the ingenuity of our staff to build work practices for the future</i>) 	



Workforce planning and data

The availability of accurate data and information is a key enabler for workforce and service planning in healthcare. As such, 'workforce planning' and 'data' are discussed together in this section. Discussion of workforce data and workforce planning were key themes with stakeholders in all allied health profession Horizons Scanning and Scenario Generation projects and revealed the following macro trends, challenges and opportunities.

Macro themes summary

- **Access to workforce and activity data** – while valuable NSW Health workforce data does exist for allied health professions, this is typically utilised by local workforce teams for the purposes of work reporting and may not be readily available to Allied Health Executives and managers to support planning, analysis and decision making. Additionally, workforce data on factors influencing the supply of allied health professions was considered a particular area of deficit, held by entities external to NSW Health (e.g. university sector; and allied health representative organisations). Lastly, activity and outcome data for allied health professions was highlighted as a critical gap and presents a significant opportunity for improving the evidence base for allied health services and supporting the strategic shift to value-based care. The relationship between workforce, activity and outcome data and the importance of these data to inform service and workforce planning was a key theme across all allied health professions.
- **Meaningful service planning aligned to need** – the importance of workforce planning was highlighted consistently by allied health professions and revealed: opportunities to improve both Statewide and local responsibilities for workforce and service planning; a preference to move away from FTE based planning towards workforce requirements to support evidence-based models of care; and the potential for flexible and innovative workforce solutions, particularly at a local level.
- **Workforce diversity planning** – challenges with the diversity of the allied health workforce exist for many allied health professions and include: Aboriginal allied health professionals; Culturally and Linguistically Diverse (CALD) representation; gender balance; and disability inclusion.

Key findings

There were a broad range of comments provided by stakeholders in Horizons Scanning regarding data (most often describing a lack of data or a desire for more or improved data) and workforce planning (typically that we can do better to align our workforce to patient needs). Taken together there were three areas that emerged.

1. Access to workforce and activity data

Demand

- For the majority of allied health professions there was considerable data and information available on demand drivers, such as changing population demographics, population growth, growth of chronic diseases and healthcare needs.
- There was less data and information specifically linked to allied health services in understanding demand for current allied health services, identifying unmet need and describing changing demand for future allied health services.
- A number of allied health professions highlighted the potential impact of health and social care policy changes on demand for allied health workforce (e.g. NDIS, VBHC, First 2000 days, workers compensation).

Workforce data

Many stakeholders involved in Horizons Scanning considered there to be a significant lack of workforce data for allied health, however upon further consultation with NSW Health stakeholders it appears this can better be described as a lack of access to workforce data.

Data on allied health workforce employed by NSW Health does exist, however to date access to this data has been limited due to a range of challenges, including:

- Data quality challenges with different recording/coding practices used across LHDs and SHNs (e.g. fractional appointments; differences in awards)
- Current reporting of this data is most often directed to Statewide and LHD/SHN workforce teams and is unlikely to be distributed further for use in local service planning by allied health professions
- A lack of developed reporting and analytics to help contextualise this data to inform planning.

Supply side workforce data

- Outside of workforce data held by NSW Health, access to data and information regarding allied health workforce was varied and limited across different allied health professions. In particular there was limited data regarding the supply of allied health professionals such as: student numbers; clinical placement requirements; supervision capacity; workforce retention; and market competition (e.g. private; NDIS).
- While improving the diversity of the allied health workforce was raised regularly as a challenge, there was very limited supply side information on key workforce diversity areas, such as allied health students with a disability and Aboriginal students.
- Effective planning of allied health workforce supply will require improved collaboration with NSW Health, LHDs/ SHNs, allied health professional peak bodies; education providers; and private sector providers.

Activity and outcome data

- The vast majority of stakeholders from both Horizons Scanning and consultations consistently highlighted activity and outcome data on allied health services as a significant gap.
- While it was noted that a Statewide Minimum Data Set (MDS) for allied health is currently under development, data on service activity across allied health professions is either lacking or inaccessible.
- In line with NSW strategic direction for value-based care and a focus on outcomes it is imperative allied health professions collect meaningful outcome data aligned to the quadruple aim to promote evidence-based practice and inform service development and planning.
- The relationship between workforce, activity and outcome data and the importance of these data to inform service and workforce planning was a key theme across all allied health professions.

2. Meaningful service planning aligned to need

Workforce planning was a topic of much discussion for all allied health professions and reflected a range of views on challenges and opportunities for improvement. Key themes included:

- The need for allied health to have meaningful engagement in workforce planning at all levels, from local service planning at facilities and LHDs/SHNs, to Statewide workforce, infrastructure and strategic planning.
- Workforce planning for allied health should be focused on models of care and the workforce and skill mix required to deliver these services. Workforce planning driven by FTE was often described as being fraught with risk of allied health being last in line for FTE allocation and not aligned to allied health need. Evidence-based allied health models of care are discussed further in the following section, Service Delivery.
- Workforce planning should include consideration of workforce engagement, retention and succession planning (as discussed previously under Training and Career Progression).
- Some allied health professions described the potential for innovative workforce models to meet demand or tailored to local areas (e.g. public-private arrangements; fractional appointments; extended scope of practice; leveraging supporting workforces such as Allied Health Assistants and administration and support staff).
- The allied health workforce have a broad range of capabilities and effective workforce planning will ensure they are fully utilised to enhance agility of the workforce to deliver innovative health care solutions.

3. Workforce diversity planning

Challenges with reaching or maintaining the desired diversity of the allied health workforce were raised by most allied health professions. There were four workforce diversity areas raised consistently:

- Aboriginal allied health professionals
- CALD representation
- Gender balance (particularly a lack of males in some allied health professions)
- Disability inclusion.

Potential future opportunities

Potential opportunities identified around workforce planning and data, aligned with the broader strategic priorities of NSW Health are presented below, indicating two-tiers of opportunities, that is at the State level and at the local level.

Opportunity	State / local
<p>4.1. Statewide priority initiatives to focus on improving the availability of allied health data, reporting and analytics across key areas such as:</p> <ul style="list-style-type: none"> • Workforce data availability (e.g. the draft allied health workforce dashboard, see Appendix 6; building on this to become an activity based management portal, with benchmarking and minimum standards) • Service activity (e.g. MDS; improved measures for allied health services activity) • Outcome measures (e.g. NSW Allied Health Data Governance Committee currently working on aligning outcome data and links to future funding models) 	<p>State</p> <p>Lead: NSW Ministry of Health</p> <p>Others: Directors of Allied Health Group</p>
<p>4.2. Statewide workforce planning to inform strategic directions in key areas:</p> <ul style="list-style-type: none"> • Working at the top of scope of clinical practice • Education, training and career development • Identifying and sharing best practice allied health workforce models across NSW (e.g. workforce planning to support Leading Better Value Care (LBVC)) • Allied health workforce diversity challenges • Evidence base and guidance for best practice allied health workforce planning 	<p>State</p> <p>Lead: NSW Ministry of Health</p> <p>Others: Directors of Allied Health Group</p>
<p>4.3. Statewide profession specific workforce planning to inform strategic directions in key areas such as:</p> <ul style="list-style-type: none"> • Identifying and sharing best practice allied health workforce models across NSW • Leading the engagement of universities and peak bodies in supply side initiatives • Leading initiatives to address the allied health workforce diversity challenges for each profession 	<p>State</p> <p>Lead: Profession specific Advisory Groups</p>
<p>4.4. Local allied health workforce planning that is informed by local needs and priorities, Statewide strategy, best practice guidance from allied health professions and local multi-disciplinary collaborations. Areas to consider include:</p> <ul style="list-style-type: none"> • Local Clinical Service Plans for Allied Health • Understanding of local needs, challenges and workforce drivers • Opportunities to utilise allied health: at the top of their scope of practice; to lead MDTs; to deliver services in the community; • Innovative workforce models such as: public-private appointments; partnerships with other providers; fractional appointments; AHAs and support staff for allied health professions • Clinical placements, supervision and career pathways for allied health professions • Local allied health workforce diversity challenges and relevant initiatives • Measurement of activity and outcomes to demonstrate value of local models of care 	<p>Local</p>
<p>Strategic alignment</p>	
<ul style="list-style-type: none"> • Align to existing Workforce Planning and Talent Development (WPTD) branch workforce action plans (www.health.nsw.gov.au/workforce/planning/Pages/action-plan-status-update.aspx) • Utilise activity and outcome data and analytics for planning and improvements • Support workforce and infrastructure planning • <i>Future Health: Managing for a sustainable business; Our staff are engaged and well supported; Safe care is delivered across all settings</i> • <i>HWP: Equip our people with the skills and capabilities to be an agile responsive workforce</i> 	



Service delivery

Stakeholders provided a broad range of views on allied health service delivery challenges and opportunities. Many of the pervasive macro themes that emerged are consistent across all allied health services, such as clinical scope of practice, evidence-based care, multi-disciplinary models of care, the potential of technology and sharing best practice. These allied health service delivery themes are critical to informing allied health workforce requirements and provide an important foundation for local and Statewide allied health service planning.

Macro themes summary

- **Evidence-based models of care** – allied health professions aim to deliver care that is evidence based and improve the body of evidence through continuous improvement and innovation. Key areas include: multi-disciplinary care; patient centred design; community allied health services; biopsychosocial models of care; and support for ongoing research.
- **Scope of practice** – there is a lack of clarity of the ‘top of scope of practice’ across allied health professions, inconsistency in the breadth of allied health services across facilities and LHDs/SHNs and a lack of awareness by other healthcare professionals and patients of the full complement of skills and value of allied health services. This is also evident in challenges regarding referral pathways to allied health services.
- **Advancing technology** – technology was typically seen by allied health professions as an opportunity to support workforce and service improvements with telehealth and virtual care having potential application across allied health services and emerging technologies providing opportunities that are typically allied health profession specific (e.g. audiology devices; prosthetics manufacturing automation; artificial intelligence (AI) in diagnostic imaging; genomics; and ophthalmic technologies). More recently, advances in virtual care models and adoption in response to the COVID-19 pandemic provide an opportunity for allied health professions to optimise their services for the future.

Key findings

Evidence-based models of care

Evidence-based care is an integration of the best available research evidence, clinical expertise, patient needs and experience and local context and setting. Allied health, like all healthcare professions, aims to deliver care that is evidence based and to improve the body of evidence through continuous improvement and innovation. Key themes that emerged across allied health professions include:

- **Multi-disciplinary care** – recognition of the value of effective allied health in multi-disciplinary models of care and of the potential for allied health professions to take a greater role in the coordination of MDTs.
- **Patient centred design** – the importance of designing patient centric models of allied health service through codesign with people including those with lived experience evidence.
- **Community allied health services** – the important role allied health can play in shifting care outside of the hospital walls to the community with significant benefits for both patients and the system (e.g. increased pre-surgical services in the community to aid recovery and timely discharge).
- **Biopsychosocial models of care** – recognition of the physical, mental, cultural and social connectedness of health and the value of allied health services in models of care designed to support holistic patient needs.
- **Operational challenges** – specific operational challenges highlighted for allied health services include rostering for small workforces; access to allied health services for models of care (e.g. extended hours and weekend models of care); coordination of multi-disciplinary allied health teams, not just focused on specific disciplines.
- **Research** – allied health professions highlighted the need to support both clinical and translational research to expand the evidence base for allied health services, effective models of care, and services delivery (e.g. evaluation of allied health role and NSW LBVC initiatives).

Scope of practice

- Scope of practice was a consistent theme across many allied health professions, with challenges highlighted regarding a lack of clarity of scope practice within professions (particularly with regards to the 'top of scope of practice'), inconsistency in the breadth of allied health services across facilities and LHD's, and a lack of awareness of other clinicians and patients of the skills and value of allied health services.
- Related to a lack of clarity regarding scope of allied health services were challenges regarding referral pathways for allied health which were described for referrals from clinicians outside allied health and also from within allied health, from other allied health professionals.
- Allied health professions desire models of care that support them to work at the 'top of scope' for their profession, where they can deliver the most value to their patients. Opportunities to support scope of service included: multi-classification positions (with both common skills and allied health profession specific skills); and models that utilise Allied Health Assistants (AHAs) and other support staff to allow allied health professions to be utilised on high-value activities.

Advancing technology

Technology was typically seen by allied health professions as an opportunity to support workforce and service improvements rather than a challenge, or driver of demand or supply. Common themes included:

- Telehealth and virtual care – even prior to the COVID-19 pandemic the potential of telehealth and other virtual care technologies were evident in Horizons Scanning activities across many allied health professions. The pandemic has hastened the need for all allied health services to adopt technology and has accelerated learnings for allied health professions in designing innovative models of care to utilise telehealth and virtual care technology for the future and the clinical and non-clinical workforce required to support delivery of virtual care.
- Emerging technologies – continuously advancing technology provides opportunities that are typically allied health profession specific (e.g. audiology devices; prosthetics manufacturing automation; AI in diagnostic imaging; genomics; ophthalmic technologies) and allied health will need to support innovation while managing risk and evaluating outcomes for patients, staff and the system.

Potential future opportunities

Potential opportunities identified around service delivery, aligned with the broader strategic priorities of NSW Health are presented below, indicating two-tiers of opportunities, that is at the State level and at the local level.

Opportunity	State / local
<p>5.1. Continue to enhance the presence of Allied health at a State level to actively shape the strategy for allied health services and advance the professionalism and profile of all allied health services. Opportunities to build on this could include:</p> <ul style="list-style-type: none"> • Allied health should take an active role in all Statewide strategy and planning initiatives, to provide meaningful input for allied health as a collective and facilitate specific allied health professional input as required (e.g. major health infrastructure initiatives; the NSW virtual care strategy, and key policy development) • Highlight the value of allied health in MDs, both clinically and in care coordination • Advance the evidence base for allied health through: highlighting the value of allied health in existing LBVC initiatives⁶; and promoting the potential of an allied health-led LBVC initiative • Provide input into improved funding models to support the value of allied health services in the community 	<p>State Lead: NSW Ministry of Health, Directors of Allied Health Group</p>
<p>5.2. Allied health professions should provide Statewide leadership to reinforce the value of the professions, promote best practice and guide effective local planning across LHDs/SHNs. Opportunities to strengthen profession-based leadership include:</p> <ul style="list-style-type: none"> • <i>Share and amplify best practice across NSW:</i> identify and share best practice models of care (examples of 'top of scope of practice'), innovation and exemplars across NSW • <i>Research and evidence-based practice development:</i> provide leadership and advocacy for evidence-based care through research opportunities, partnerships with universities and evaluation of innovative models of care. • <i>Technology:</i> provide leadership support to the trial, evaluation and implementation of advancing technology 	<p>State Lead: Directors of Allied Health Group Others: Profession specific Advisory Groups</p>

6 <https://www.health.nsw.gov.au/Value/lbvc/Pages/default.aspx>

Opportunity	State / local
<p>5.3. Local allied health service planning should be informed by: local needs and priorities; Statewide strategy; best practice guidance from allied health professions; and local multi-disciplinary collaborations. Opportunities to strengthen this include:</p> <ul style="list-style-type: none"> • Meaningful engagement of local allied health professions to inform clinical services plans, infrastructure development, models of care, rostering optimisation and service delivery • Local innovation and continuous improvement initiatives for each allied health service (e.g. ACI clinical redesign initiatives; clinical and translational research; local university partnerships; service codesign with local consumers) • Multi-disciplinary and cross-sector models of care for local priorities (e.g. partnering across sectors with education, NDIS, NGOs; allied health-led MDTs; community based allied health services) • Implementing best practice models of care informed by allied health professions and multi-disciplinary best practice models • Sharing local exemplars of allied health services (e.g. VBHC Orthoptist triage clinic) 	Local
Strategic alignment	
<ul style="list-style-type: none"> • Future Health: Managing for a sustainable business; Our staff are engaged and well supported; Safe care is delivered across all settings; Research and innovation, and digital advances inform service delivery; Patients and carers have positive experiences and outcomes that matter • HWP: Build positive work environments that bring out the best in everyone. Empower staff to work to their full potential around the future care needs. Equip our people with the skills and capabilities to be an agile responsive workforce 	



Access and equity

Access and equity of allied health services across NSW was a key issue highlighted by many allied health professions. These challenges are not unique to allied health and the same priority areas feature prominently in Statewide strategy and planning and require a combination of system wide and local solutions to make meaningful change.

Macro themes summary

Priority areas for improved access and equity of allied health services – there were three priority areas that were raised consistently by allied health professions:

- The health challenges and access to allied health services for Aboriginal people
- There were a range of CALD populations and other priority population groups identified as requiring improved access to allied health services
- The challenge of providing effective access to allied health services in rural and remote NSW

Challenges and opportunity areas – there were similar themes across the priority areas above that described both challenges and opportunities:

- The challenge to provide equity in access to services across NSW
- The challenge to provide culturally appropriate services
- Opportunities for innovative models of care designed for local priority groups
- Opportunities for innovative allied health workforce models to meet local health needs
- Opportunity to improve diversity of allied health workforce to meet population needs

Key findings

Aboriginal Health

The health challenges and access to culturally appropriate allied health services for Aboriginal people was a consistent theme across many allied health professions and reflects a clear awareness and priority for improvement in this area. In summary:

- There was recognition of the continued significant health challenges experienced by Aboriginal people in NSW and these challenges were evident across metropolitan, regional and rural areas.
- There was recognition of an unmet need for allied health services (or effective access to allied health services) for Aboriginal people, with priority areas highlighted such as: hearing and ear health; speech therapy, social work, psychology, nutrition and dietetics, exercise physiology.
- There is a need for improved safe and culturally appropriate allied health services for Aboriginal people.
- Opportunities for improved allied health services for Aboriginal people focused on:
 - The value of Aboriginal allied health professions and the need to increase this workforce (also highlighted in the *workforce planning and data section*)
 - Increasing expertise of all allied health professionals in Aboriginal health and cultural competency
 - Partnership models between LHDs and Aboriginal Medical Services (AMSs).

CALD and priority population groups

- There were a range of CALD populations and other minority groups identified as requiring improved access and improved culturally appropriate services across many allied health professions. Examples included: refugee groups; homelessness health; non-English speaking backgrounds (NESB); cultural and religiously distinct groups; and LGBTQI+ groups.
- Access and equity considerations are also relevant to priority population groups. These include (but are not limited to) the aged and frail, people with chronic disease, people with a mental illness, and those from lower socio-economic backgrounds.
- Opportunities for improvement focused on:
 - new workforce models to facilitate better access;
 - improved culturally appropriate services; and
 - improved staff training and cultural competency.

Rural and remote

- The challenge of providing effective access to allied health services in rural and remote NSW exists for all allied health professions.
- The challenge of allied health services for rural and remote areas was different for each allied health profession and was influenced by the size of the workforce and type of allied health services.
- Opportunities for improvement were most often locally based and focused on new workforce models to facilitate better access and alignment to patient needs and expectations.

People with a disability

- An additional area of focus for access and equity was raised during consultation regarding people with a disability and the intersection between allied health services in the NDIS market and public health services particularly for vulnerable and complex situations (such as substance abuse; homelessness) and rural and remote areas where limited NDIS providers exist.

Potential future opportunities

Potential opportunities identified around access and equity, aligned with the broader strategic priorities of NSW Health are presented below, indicating two-tiers of opportunities, that is at the State level and at the local level. The opportunities are aligned with the broader strategic priorities of NSW Health.

Opportunity	State / local
<p>6.1. Allied health actively engage in Statewide strategy and planning focused on the priority areas for access and equity:</p> <ul style="list-style-type: none"> • Aboriginal health: NSW Aboriginal Health Plan • Rural and remote: NSW Rural Health Plan • People with a disability: NSW Health planning in response to the National Disability Strategy (currently under review / renewal)^{7,8} 	<p>State</p> <p>Lead: NSW Ministry of Health, Directors of Allied Health Group</p>
<p>6.2. Allied health professions develop formal central mechanisms to identify and share best practice to inform local service planning to improve access and equity priorities in line with Statewide strategy. Examples may include:</p> <ul style="list-style-type: none"> • Profession specific strategies for improvement for priorities areas • Best practice models of care, case studies and improvement projects • Best practice guidance for local service planning 	<p>State</p> <p>Lead: Profession specific Advisory Groups</p>
<p>6.3. Develop local allied health services plans for priority areas informed by Statewide strategies, guidance from allied health professions and local multi-disciplinary planning:</p> <ul style="list-style-type: none"> • Aboriginal health plans for each LHD/SHN and AMS that include codesign by Aboriginal communities; strategies to increase Aboriginal allied health workforce; improved culturally appropriate services, service models and locations • Rural and remote allied health service planning for relevant LHDs and SHNs (including existing programs such as the Allied Health Rural HECS-HELP Incentive Package⁹) • Planning for access to allied health services for local CALD, vulnerable and at risk groups e.g. refugee groups, NESB areas; domestic violence, mental health 	<p>Local</p> <p>Lead: Local LHD AH Leadership</p> <p>Other: Profession specific Advisory Groups, AMSs, local community groups, Centre for Aboriginal Health</p>
<p>6.4. Allied health actively engage in local service planning for integrated, multi-disciplinary models of care, and innovate workforce solutions e.g.:</p> <ul style="list-style-type: none"> • Opportunities to partner with other organisations for allied health service delivery, such as PHN, AMS, RDN, private providers • Allied health support in integrated models for children/youth with behavioural disturbance • Small allied health professions may consider engaging through their district Allied Health Director, influential clinicians or through their profession specific advisory group. 	<p>Local</p> <p>Lead: Local LHD AH Leadership</p> <p>Other: Profession specific Advisory Groups</p>
<p>Strategic alignment</p> <ul style="list-style-type: none"> • NSW Aboriginal Health Plan 2013-2023¹⁰ • NSW Rural Health Plan: Towards 2021¹¹ • Future Health: Managing for a sustainable business; Our staff are engaged and well supported; Safe care is delivered across all settings; Patients and carers have positive experiences and outcomes that matter • HWP: Strengthen diversity in our workforce and decision-making. Empower staff to work to their full potential around the future care needs. Unlock the ingenuity of our staff to build work practices for the future 	

7 <https://www.dss.gov.au/disability-and-carers/a-new-national-disability-strategy>

8 <https://www.health.nsw.gov.au/disability/Pages/national-disability-strategy.aspx>

9 <https://www.health.nsw.gov.au/careers/imagine-rural/Pages/rural-incentives.aspx>

10 https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2012_066

11 <https://www.health.nsw.gov.au/rural/Pages/rural-health-plan.aspx>

Practical steps to implementing opportunities

The opportunities presented focus on translating the macro trends and key findings into practical actions for the allied health workforce at both a State and local level. They reflect opportunities identified by informed stakeholders considering the macro trends and their implications. The opportunities identified are not exhaustive and are likely to have different levels of impact and value in responding to the macro trends facing the allied health workforce. At the same time, they illustrate that a range of practical local and Statewide options can be derived from the aggregated trends. Table 2 below outlines the core elements describing 'how' to implement the opportunities.

Following the prioritisation of opportunities at either the State or local level, Table 2 presents example steps that may be considered when implementing opportunities.

Table 2: Steps to implementing opportunities

#	Core elements
1	<p>Responsibility: Identify the level of responsibility required to lead the opportunity and the relative priority of opportunities</p> <ul style="list-style-type: none"> • State level opportunities: identifies opportunity areas that are considered to impact the allied health workforce as a collective and require collaborative effort to address. These opportunities could be led by the NSW Ministry of Health, the NSW Health Directors of Allied Health and/or State NSW Health Allied Health Advisory Groups. <p>OR</p> <ul style="list-style-type: none"> • local level opportunities: identifies opportunity areas that can have a local impact aligned with strategic priorities, and can be implemented at the local level. These opportunities would be led by the local Director of Allied Health, LHD/SHNs and local allied health managers and teams.
2	<p>Background: Consider a problem or issue that needs improving and why</p> <ul style="list-style-type: none"> • Review macro trends and future opportunities to identify relevant priorities • Consider potential opportunities in the context of the NSW Health strategic priorities and local strategic priorities • Agree on the priority opportunity for implementation
3	<p>Aim & Design: Articulate a succinct statement of your project goal</p> <ul style="list-style-type: none"> • Agree the goals / objectives associated with implementing the opportunity • Design the change you intend to make • Identify the measurable outcome you would see if the goal was achieved
4	<p>Approach: how will you implement your project?</p> <ul style="list-style-type: none"> • Identify who will take lead responsibility and other roles • Identify key tasks, deliverables and timeframes for implementation of the opportunity • Identify stakeholders and required communication strategies
5	<p>Implement the opportunity</p> <ul style="list-style-type: none"> • Collect data during implementation this may include staff/patient feedback, wait times, occasions of service, costs etc • Make improvements along the way as required
6	<p>Results / outcomes</p> <ul style="list-style-type: none"> • How was it successful against the original goal? e.g., patient outcomes, impact on care, staff outcomes – think about outcomes against the Quadruple Aim. • What are the lessons learned?
7	<p>Sustain: Conclusion & transition to business as usual</p> <ul style="list-style-type: none"> • How do you plan to hold on to the improvement you have made, plan to spread improvement elsewhere? • Describe the process/structures in place to ensure the improvement will be sustained and become business as usual e.g. links to local key performance indicators, strategies, programs etc

Case studies

Table 3, Table 4 and Table 5 present examples of local case studies highlighting the successful implementation of allied health and multi-disciplinary models of care using the steps to implementation identified above. These case studies are focused on solving both current and long-standing issues, demonstrating the value of allied health and growing the workforce to continue providing improved outcomes for patients and the system.

Table 3: Value of the allied health workforce case study

Case study: Demonstrating the value of Orthoptists¹²

Background

- On 1 January 2017, the Sydney Eye Hospital (SEH) Outpatient Department cataract waitlist was 2,700 patients
- The patient at the top of the list had waited almost 1,000 days for assessment since being referred
- Complaints were higher than 10 per year

Aims

- To reduce the number of patients on the waiting list from 2,700 to less than 1,000
- To improve access to appropriate and timely care

Approach

- Establishment of project leadership team
- Development of a project plan
- Establishment of criteria-led outcomes to guide care planning
- Development of an education and competency package to build capacity and capability of staff

Implementation

- Trial of a new MoC for patients referred to SEH with uncomplicated cataract, this included enabling nursing and orthoptic workforce to engage in advanced scope of practice to improve delivery of patient-centred care
- Data on the patient waitlist, patient complaints and staff satisfaction were collected during the trial

Patient outcomes

- 2044 patients removed from the cataract waiting list
- 543 patients remain on the cataract waitlist (at project end)
- No complaints about access to cataract care

Profession outcomes

- Advanced scope of practice implemented for nursing and Orthoptic staff, using innovation to improve patient outcomes
- An addition of 0.21 Orthoptic FTE to support ongoing sustainability

Allied Health outcome

- Demonstration of the value of allied health profession as a successful part of a multi-disciplinary team to solve a longstanding and significant issue

System outcome

- Mass reduction of cataract waitlist
- Improved system efficiency and effectiveness
- 100% decrease in patient complaints about access to cataract care

Sustainable change

- Ongoing implementation supported and linked to achievement of waitlist targets

¹² Multi-disciplinary Cataract Pre-assessment Clinic (CPAC). Lesley McDowell, Nurse Unit Manager, Sydney Eye Hospital Outpatient Department; Melanie Lai (Head Orthoptist), Dr Pauline Rumma (DCS SSEH), Ms. Jennie Barry (DON SSEH), South Eastern Sydney Local Health District, Sydney, Australia.

Table 4: Top of Scope: Evaluation of a First-Contact Speech Pathology Model of Care (MoC) within a Tertiary ENT Clinic**Case study: Top of Scope: Evaluation of a First-Contact Speech Pathology (MoC) within a Tertiary ENT Clinic¹³****Background**

- The Royal North Shore Hospital Ear Nose & Throat (ENT) Outpatient clinic is a high-demand service with approximately 2,700 appointments delivered annually.
- Over 70% of patients referred to the ENT Outpatient clinic wait over 12 months, risking clinical deterioration, poor quality of life and hospital admission, all associated with potentially unavoidable but significant financial costs.
- A 3-month audit of referrals found approximately 11% were for conditions that could benefit from primary management by a speech pathologist.

Aims

- To reduce the wait time for patients
- To triage patients to the 'right care' and improve access to appropriate and timely care

Approach

- An initial audit of referrals coming into the clinic identified 11% as being potentially suitable for speech pathology to manage primarily.
- From this a first contact MoC was designed, which included both a primary and a secondary referral pathway and red flag criteria to minimise risk through redirection back into the ENT pathway as needed.

Implementation

- Once designed, referrals from the 2017-2020 waitlist were both jointly and solely triaged by speech pathology and ENT, in addition to triaging new clinic referrals.
- The service commenced in July 2020 and with restrictions at the time due to COVID-19, many of the initial patients were seen via telehealth.
- Trigger points or red flags were identified to minimise clinical risk and ensure timely redirection of patients back into the ENT pathway, for either consultation or to take over care.
- Primary and secondary referral pathways, consultation and redirection criteria, adverse events and discharge outcomes were reviewed.
- Number and type of referrals, adverse events and discharge outcomes were some of the measures taken to evaluate this pilot.

Results and patient outcomes

- In the first 6-months, 5% (21 patients) were seen via the primary pathway and 5% (21 patients) were seen via the secondary pathway.
- The primary contact model managed 29% without ENT consult and 38% with either joint or brief ENT consult – comprising two thirds the total number of primary contact referrals.
- In the primary contact model, the most common reason for referral was laryngeal sensory symptoms (n=7), followed by dysphonia (n=4). Fifteen of the 21 patients required consultation with ENT; the most common reason being identification of an additional ear or nose problem (n=4). Seven of these patients were returned to the primary ENT clinic, 4 of which were identified with a head and neck cancer risk. Five patients required further joint speech pathology/ENT assessment.
- In the secondary contact model, speech pathology was able to take over care in 10 cases (or 48%) of referrals, with either management from the primary contact SP or referral to a local SP service and importantly, these 10 referrals were discharged from ENT at point of SP consult.
- There were no adverse outcomes.

Profession outcomes

- Top of scope speech pathologist (MoC) implemented to improve patient flow and patient outcomes
- Two-thirds of patients in the primary pathway were managed primarily by the ENT speech pathologist with half requiring ENT consult only. Nearly half the secondary referrals involved speech pathology taking over care with discharge from ENT.

Allied Health outcome

- Demonstration of the value of allied health professionals in the primary management of patients to improve patient outcomes and system efficiency and effectiveness.

¹³ Top of Scope: Evaluation of a First-Contact Speech Pathology Model of Care within a Tertiary ENT Clinic – NAHC 2021. Ms Danielle Stone¹, Ms Mary-Ellen Tarrant¹, Ms Julia Capper², Ms Anna Giuffrida², Ms Jessica Drysdale², Dr Martin Forer³. ¹Department of Speech Pathology, Royal North Shore Hospital, Northern Sydney Local Health District, St Leonards, Australia, ²Royal North Shore Hospital, Northern Sydney Local Health District, St Leonards, Australia, ³Department of Ear Nose & Throat Surgery, Royal North Shore Hospital, St Leonards, Australia.

System outcome

- Utilising highly-specialised allied health practitioners in first-contact models may assist in:
 - reducing waiting times for category 2/3 patients
 - increased capacity within ENT clinic
 - reduced repeat clinic visits
 - more value based care: directing patients to timely, effective and appropriate interventions, without adverse outcomes

Sustainable change

- This top-of-scope model managed approximately 10% of referrals over 6 months, consistent with our initial audit, potentially adding 10% more capacity for ENT to manage more complex or urgent cases.
- Significant potential for top-of-scope allied health practitioners to improve timeliness of and value-based care whilst increasing capacity for ENTs in a cost-effective and sustainable approach.
- Future directions for our team includes further evaluation of patient satisfaction, discharge outcomes on larger numbers and cost savings.

Table 5: Rapid Assessment, Intervention, and Discharge-Emergency Department (RAID-ED)**Case study: Rapid Assessment, Intervention, and Discharge-Emergency Department (RAID-ED)¹⁴****Background**

- The Rapid Assessment, Intervention, and Discharge-Emergency Department (RAID-ED) Model of Care (MoC) was a Western Sydney Local Health District (WSLHD) initiative implemented across Westmead and Blacktown Emergency Departments (ED) to lower the demand on inpatient hospital beds for non-COVID-19 patients.
- Patient-reported experience measures as captured by the My Experience Matters surveys were well below the LHD benchmark of 85 in relation to the care received by patients in ED (Westmead: 58, Blacktown: 53).

Aims

- The primary aim of this intervention was to reduce the risk of COVID-19 exposure by preventing unnecessary hospital admissions of patients presenting to ED by facilitating early discharge planning from allied health.
- The secondary aim was to measure patient experiences of the RAID-ED team and their satisfaction with the treatment received.

Implementation

- The intervention included a rapid response seven-day, extended hour's service, which included a team of physiotherapists, social workers, and occupational therapists providing timely allied health multi-disciplinary treatment at the front door.
- The MoC was unique as it was developed in partnership with Directors of ED to enable proactive screening of all presentations to the ED in FirstNet and prompt assessment without referral to commence by allied health clinicians immediately after triage and before medical review based on an agreed protocol to save time.
- Data on the patients seen, patient discharge destination, and patient-reported experience measures were collected.

Results and patient outcomes

- Since implementation in October 2020 until the end of January 2021, the RAID-ED team reviewed over 1,700 patients of which nearly 60% were discharged directly from ED into the community, and approximately 30% of patients discharged received additional follow-up care and services.
- The average length of stay in the ED was reduced across Triage Categories 2-5 for all patients by 70mins (Blacktown) and 30 mins (Westmead) with the number of patients waiting in the ED for more than 24 hours being reduced significantly
- Patient-reported experience measures demonstrate that patients managed by the RAID-ED team have had positive experiences with Westmead scoring 100 and Blacktown 90.
- The overall patient experience measures for the entire ED improved during the 3 month RAID pilot when comparing the exact time period from 2019. Scores improved from 58 to 92 (Westmead) and 53 to 79 (Blacktown).
- 86% of patients felt they have been treated with kindness and respect, with comments received from patients including *"that the RAID team have restored their faith in our health system and our whole family is very grateful to the team"*.

Profession outcomes

- Innovative multi-disciplinary (physiotherapy, social work and occupational therapy) allied health MoC reduce system demand for inpatient beds and support patient safety and outcomes.

Allied Health outcome

- Demonstration of the value of allied health professionals in the emergency department to address current system pressures during the COVID-19 pandemic.

System outcome

- Improved emergency department efficiency and effectiveness and reduced inpatient bed demand
- Nearly 60% of patients seen (n=1,700) were discharged directly from ED into the community
- Improved patient experience.

¹⁴ Rapid Assessment, Intervention, and Discharge-Emergency Department (RAID-ED) – NAHC 2021. Mr Chrissan Segaram, Mr Reggie Daguio, Ms Katherine Maka, Mr Curtis Wong, Ms Julianne Gibbons, Ms Sharon Millanta, Ms Nicole Hraiki, Ms Lisa Coaster-Garton, Ms Amy Maitland, Ms Bobbi Henao Urrego, Mr Ian Starkey, Ms Jacqueline Dominish. Western Sydney Local Health District, Sydney/Westmead, Australia.

The next practical step in using this report is to agree a process for prioritisation of opportunities and development of actions to implement opportunities at both the State and local level.

Concluding comments

It is important to note that no one opportunity sits in isolation. All opportunities work together to improve the allied health workforce and provide better outcomes for all stakeholders.

This report provides a platform and vision for change that has the potential to strengthen the value of the allied health workforce across the system and deliver outcomes in line with the Quadruple Aim.

Through implementation of the right opportunities, the allied health workforce can contribute to the broader system strategic priorities and promote the value of the allied health workforce through:

- improved access, inclusive and culturally appropriate patient experience and outcomes
- influencing decision making and workforce planning to grow the workforce to meet demand
- reshaping service delivery and multi-disciplinary collaboration among all health care providers
- realising service efficiencies and better optimising the use of current resources
- supporting a sustainable and strong allied health workforce.

Appendices

1. NSW Ministry of Health project team

- Nicola Clemens A/Principal Allied Health Advisor
- Rebecca Day A/Senior Project Officer -Allied Health
- Karla Armson Senior Project Officer -Allied Health

2. List of consultations

- Richard Griffiths Executive Director WP&TD Branch
- Andrew Davison Chief Allied Health Officer
- Hassan Kadous Principal Allied Health Advisor (on secondment)
- Brian Shimadry Director, Workforce Planning & Performance
- Tamara Lee Director, Workforce Policy & Development
- Wendy Bryan-Clothier Senior Project Officer, Aboriginal Workforce Unit
- Charles Davison Manager Aboriginal Workforce, Aboriginal Workforce Unit
- Jacqueline Dominish Co-Chair, Statewide Executive Directors of Allied Health Committee
- Julia Capper Co-Chair, Statewide Executive Directors of Allied Health Committee

3. Directors of Allied Health Leadership Group workshop participants

- Claire Douglas South Eastern Sydney LHD
- Jacqueline Dominish Western Sydney LHD
- Jenny Martin Central Coast LHD
- Julia Capper Northern Sydney LHD
- Karen Arblaster Nepean Blue Mountains LHD
- Katherine Jones JHFMHN
- Kirstin Berry Hunter New England LHD
- Margaret Lazar St Vincent's Network
- Rebecca Smith Far West LHD
- Kate Meredith Mid-North Coast LHD
- Sandra Pengilly Sydney Children's Hospital Network
- Sarah Whitney Sydney LHD
- Katherine Vickers South Western Sydney LHD
- Sue Fitzpatrick Illawarra Shoalhaven LHD
- Tegan Reid Murrumbidgee LHD
- Vicki Rose Northern NSW LHD

4. Validation of Horizons Scanning and Scenario Generation Reports

Validation of the high-level themes of the individual workforce Horizons Scanning and Scenario Generation reports was undertaken as an initial step in the project.

The relevant profession specific Advisory Network Chairs (or representatives) were contacted to participate in this process. The full Horizons Scanning and Scenario Generation report together with a summary of the high-level key themes of each report was provided for validation.

Advisory Network Chairs / representatives were asked to validate the high-level themes related to supply and demand drivers and challenges and opportunities. Specifically:

1. Are the workforce supply drivers noted still relevant, would you add any additional drivers or delete any drivers mentioned?
2. Are the workforce demand drivers noted still relevant, would you add any additional drivers or delete any drivers mentioned?
3. Are the workforce challenges noted still relevant, would you add any current or future challenges or delete any challenges that are no longer relevant?
4. Are the workforce opportunities noted still relevant, would you add any new current or future opportunities or delete any opportunities that are no longer relevant?

Table 6 below summarises the sixteen professional groups where Horizons Scanning and Scenario Generation Reports were produced, the date conducted and whether a submission validating the report themes was provided for this project.

Table 6: Validation of Horizons Scanning and Scenario Generation Reports

Allied Health Profession: Horizons Scanning and Scenario Generation Report	Date conducted	Submission provided
Exercise Physiology	2019	Nil updates to note
Medical Radiation Sciences	2018	N
Nutrition & Dietetics	2020	Y
Occupational Therapy	2017	Y
Orthoptist	2020	Nil updates to note
Orthotics & Prosthetics	2020	Y
Pharmacy	2015	N
Physiotherapy	2017	Y
Podiatry	2015	Y
Psychology	2015	Y
Social Work	2018	Y
Speech Pathology	2018	Y
Diversional Therapist, Child Life Therapist. Music Therapist and Art Therapist Workforces	2020	CLT
Audiology	2020	NA
Genetic Counsellor	2021	NA
Allied health in Mental Health	2020	NA

* NA indicates that the Horizons Scanning and Scenario Generation project for these professional groups was conducted within the past 12 months and validation was sought but not essential.

Sonography and Diagnostic Imaging Medical Physics (DIMPs) were out of scope for this project.

Themes from across all sixteen Horizons Scanning and Scenario Generation Reports reviews were collated and summarised (refer Figure 4) to help inform the overarching macro trends from individual professions. These themes, together with the consultation and workshop themes, provide the input to the overarching macro trends as discussed in this report.

Figure 4: Themes from Horizons Scanning and Scenario Generation Reports

Count of Discipline Row Labels	Column Labels				Grand Total
	Demand	Supply	Challenges	Opportunities	
Education, clinical placement, graduate positions, supervision	1	23	11	13	48
Skill mix / Scope of practice / Specialisation	7	14	5	17	43
Professional profile and awareness	15	9	10	9	43
Evidence based care / models of care	15		10	15	40
Rural and remote workforce	7	10	14	5	36
Technology (including telehealth / virtual care)	5	3	6	20	34
Career pathways and professional development (including award)		14	12	7	33
Government policy and funding (includes 'funding' and 'workforce shortages')	14	10	5	2	31
Workforce planning		15	7	7	29
Population / demographic changes	24				24
Aboriginal workforce / Aboriginal health / CALD / minority groups	3	2	5	9	19
Service and referral pathways (includes standardisation across LHDs)	8		6	4	18
Workforce data		2	4	3	9
NDIS	3		2	3	8
Allied Health Assistants (AHAs)				7	7
Rostering / operations / workforce management			4	3	7
Workforce Culture		6		1	7
Private v public career value proposition		4	2		6
COVID / disaster impacts	1	2	2	1	6
Governance and reporting	1	1	2	2	6
Private-public partnerships	1		1	4	6
Equity of access / cost of services	4		2		6
Gender and diversity of workforce		3		1	4
Infrastructure	1		1		2
NSW Health Community of Practice				2	2
Research				1	1
Broader social supports	1				1
Grand Total	111	118	111	136	476

5. Workshop with the Directors of Allied Health

A workshop with the Directors of Allied Health Leadership Group (or nominated representatives) was held on the 8th of June 2021. The purpose of the workshop was to share and validate the emerging allied health workforce trends identified through the Horizons Scanning and Scenario Generation Report and the consultations. Workshop participants were asked to:

- validate the macro trends and identify any gaps
- identify additional future opportunities for NSW Health allied health workforce the aligned with each of the six themes.

The workshop was held virtually via videoconference and utilising an interactive online workspace (www.mural.com). The online workspace allowed the group to simulate an in-person workshop and included both visual presentation of emerging themes for validation and allowed individual contributions to clarify themes or identify gaps (via 'post-it' style notes). Figure 5 below is provided for illustrative purposes and shows the virtual workspace outputs and discussion flow.

Figure 5: Validation workshop information flow



6. Workforce dashboard example – draft allied health workforce dashboard

The following dashboard (refer Figure 6) is a draft of a NSW Health allied health workforce dashboard currently under development to provide increased access to workforce data for allied health.

Figure 6: Example draft NSW Health allied health workforce dashboard

