

The recommendations are clear, now what? Next steps with the allied health assistant workforce in Australia

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Commentary

Allied Health Assistants (AHAs) are increasingly recognized as vital contributors to Australia's healthcare system, offering essential support to allied health professionals and enhancing patient care efficiency [1]. Between 2013 and 2022, the full-time equivalent (FTE) rate of allied health workers per 100,000 population rose by 53.1%, with AHAs playing a significant role in this growth [2]. In May 2021, according to the Department's workforce data sources, there were 1,099 Allied health assistants working in Victoria, with the majority being female and in ongoing employment. Age groups were evenly spread in the metropolitan region, conversely in the regional areas higher density was observed in age brackets above 45-49 years. The length of service in metropolitan areas had an average (median) of 10-20 years whereas in regional areas duration was spread across categories ranging from less than a year to greater than twenty years. Refinement of data sources for Allied health assistants working in disability and aged care is required to accurately obtain and report similar workforce data for these sectors.

The health sector has traditionally used Allied health assistants in hospital and community settings in supporting single professions. The recent growth of multidisciplinary Allied health assistant roles, particularly in community health settings, has been perceived as valuable to patient care and resulted in Allied health assistant career growth.

In the disability sector, the National Disability Insurance Scheme (NDIS) National Workforce Plan [4] identifies a priority to facilitate new service models and support innovation. This includes an initiative to 'Explore options to support Allied health professionals to work alongside Allied health assistants and support workers to increase capacity to respond to participant's needs. The efficient delegation of appropriate tasks to Allied health assistants can increase the capacity of Allied health professionals by up to 17% [4,5]. Consultation feedback from NDIS service providers included confusion around insurance obligations, hybrid models and cost effective business models in the effective utilization of Allied health assistants. These factors must be addressed and clarified in order to fully realize the potential growth opportunity in this market.

In the aged care sector, allied health professionals are often 'brokered in', that is, employed by external agencies and deployed for residential and in-home aged care service use. Some of these Allied health professionals use Allied health assistants to increase the effectiveness of their service. There are rare current examples of aged care services directly employing allied health assistants, but the role is often falsely classified as that of an Allied health assistant. These ill-defined roles, often under the delegation of nursing, align more closely with a leisure and lifestyle assistant role. Recent national funding in response to the COVID-19 pandemic, such as the Sunbeam initiative [6] has highlighted programs that have the potential to increase utilization of Allied health professionals

and assistants, for allied health service delivery, in aged care settings. For the aged care sector, improved utilization of the Allied health assistant workforce has the potential to support recommendations for improved access to allied health services, from the final report in the royal commission into aged care quality and safety [7]. This includes, but is not limited to, recommendation thirty-six for care at home to include Allied health care and recommendation thirty-eight for residential aged care to include Allied health.

Despite their growing numbers, studies suggest that AHAs' roles are sometimes underutilized due to factors like unclear role definitions and inconsistent task delegation. King *et al.*'s 2021 qualitative study highlighted the need for clearer role boundaries and better integration of AHAs into healthcare teams [8].

To address these challenges and barriers to optimization of the AHA workforce [9], initiatives such as the development of guidelines, standardized educational pathways, and enhanced engagement with AHAs are being implemented to optimize their contributions [10]. The Australian Government is actively working to strengthen the allied health sector, through initiatives like the National Allied Health Workforce Strategy, which aims to better define roles and improve workforce planning, however, notably excludes the AHA workforce [11] to allow focus on the allied health professional workforce. The lessons learnt through workforce shortages suggest however that integrating AHAs into allied health workforces allows for improved allied health service delivery and enhanced scope of practice for allied health professionals, so it would appear remiss to plan for allied health without considering AHAs. There is indeed an opportunity here for advocacy on the part of the newly formed peak body for AHAs in Australia, AHANA [12] and other industry leaders in this space.

In summary, while AHAs are increasingly valued for their support and impact on patient care, ongoing efforts are needed to fully harness their potential through clearer role definitions, standardized training, government policy clarity and integrated workforce strategies. The Victorian AHA recommendations and resources [13] sought to do just this but require some level of adoption and investment by government and industry combined, to be entirely realized.

Optimizing the Allied Health Assistant (AHA) workforce in Australia involves several strategies to optimize this workforce, improve patient care, and support allied health professionals effectively. Below are five key areas in which to optimize the AHA workforce:

1. Pre-employment training

Consultation between industry and the VET sector to inform a consistent approach to AHA pre-employment training and articulate the steps between VET and University sector training where we understand 50% of the Allied Health Assistant workforce would like to undertake further tertiary study in allied health.

2. Workforce planning and governance

Implement workforce planning strategies to ensure there is an adequate number of AHAs to meet the demands of the healthcare system. Data on workforce shortages and gaps can help guide recruitment and retention strategies.

Incorporate flexible work models to accommodate part-time or

casual workers, which may help address workforce shortages and provide more opportunities for AHAs to enter the field.

Clearly define the roles and responsibilities of AHAs within healthcare teams. This will help ensure that AHAs perform tasks they are trained for and reduce confusion about their scope of practice.

Create standardized job descriptions and role guidelines that align with the training AHAs receive. This ensures consistency across different healthcare settings.

Provide designated governance roles for this workforce to allow an intimate acquaintance with the workforce needs and a 'seat at the table'.

Recognize the critical role AHAs play in supporting allied health professionals and improving patient outcomes. Publicly valuing their work boosts morale and retention.

Establish clear career progression pathways for AHAs, such as moving into supervisory roles or specialized areas within allied health. This could help attract and retain talent within the workforce.

Advocate for policy changes and funding that recognize the importance of AHAs in the healthcare system and other care provision sectors such as disability and aged care. This could include funding for training programs, recruitment incentives, and better remuneration.

3. Consumer-centered therapy and support

Collect and analyze data on patient outcomes that involve AHA support. Positive results can help justify further investment in the workforce and highlight its value.

Increase public awareness of the value of AHAs through campaigns that highlight the essential roles they play in healthcare.

4. Recruitment and induction

Encourage closer integration of AHAs into healthcare teams, working alongside physiotherapists, occupational therapists, speech pathologists, etc. This fosters collaboration and allows AHAs to perform meaningful tasks under the guidance of senior professionals.

Focus on team-building exercises and improve communication between AHAs and other team members to ensure effective collaboration and a clear understanding of everyone's roles.

5. Workplace Training and Development

Portable competency based training in order to extend the scope of the AHA role in the context within which they work, as relevant.

Encourage AHAs to identify learning needs in a systematized manner and engage in ongoing professional development to keep up with new practices, tools, and regulations. This could include specialized training for certain allied health areas, such as physiotherapy or occupational therapy.

Provide structured mentorship and supervision programs where AHAs can learn directly from experienced allied health professionals.

In summary, optimizing the Allied Health Assistant workforce involves improving training, integrating AHAs into teams, recognizing their value, and leveraging technology to increase efficiency. Additionally, fostering clear career pathways, supporting flexible work models, and ensuring proper policy frameworks will help the workforce thrive and contribute meaningfully to healthcare outcomes.

References

1. Snowdon DA, Vincent P, Callisaya ML, Collyer TA, Brusco NK, Wang YT, et al. Allied health assistant management of people with hip fracture is feasible and may improve patient adherence to hip fracture mobilisation guidelines: a feasibility randomised controlled trial. *Physiotherapy*. 2024 Sep;124:51-64.
2. Australian Institute of Health and Welfare. Australia. Australian Government. Health workforce; 2024 [cited 20th March 2025]. Available from <http://www.aihw.gov.au/reports/workforce/health-workforce>
3. Department of Social Services. NDIS National Workforce Plan: 2021-2025. 2021, Commonwealth of Australia.
4. National Disability Insurance Agency, National Disability Insurance Scheme Pricing Strategy. 2019, National Disability Insurance Agency.
5. National Rural Health Commissioner. Interim report to the minister for Regional Health, Regional Communications and Local Government - Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia. 2020, Australian Government: Adelaide.
6. Health, D.o., Allied Health Services in Residential Aged Care Facilities (RACFs) -COVID Allied Health Package. 2020, Australian Government.
7. Royal Commission into Aged Care Quality and Safety, Final Report - Volume 1 Summary and Recommendations. 2021, Commonwealth of Australia.
8. King OA, Pinson JA, Dennett A, Williams C, Davis A, Snowdon DA. Allied health assistants' perspectives of their role in healthcare settings: A qualitative study. *Health Soc Care Community*. 2022 Nov;30(6):e4684-93.
9. Huglin J, Whelan L, McLean S, Greer K, Mitchell D, Downie S, et al. Exploring utilisation of the allied health assistant workforce in the Victorian health, aged care and disability sectors. *BMC Health Serv Res*. 2021 Oct 23;21(1):1144-55.
10. Whelan L, McLean S, Edwards A, Huglin J, Farlie MK. The evaluation of health, disability and aged care-sector engagement with resources designed to support optimisation of the allied health assistant workforce: a qualitative study. *BMC Health Serv Res*. 2024 Jul 26;24(1):848.
11. Department of Health and Aging. Australia. Australian Government. National Allied Health Workforce Strategy; 2025 [cited 20th March 2025]. Available from <http://www.health.gov.au/our-work/national-allied-health-workforce-strategy>
12. AHANA. Allied Health Assistants' National Association Ltd. Brisbane: AHANA: 2022 [cited 2025 Mar 26]. Available from: <https://www.ahana.com.au/>
13. Department of Health. Australia. Victorian Government. Victorian allied health assistant workforce recommendations and resources; 2023 [cited 20th March 2025]. Available from <https://www.health.vic.gov.au/allied-health-workforce/victorian-allied-health-assistant-workforce-recommendations-resources>