



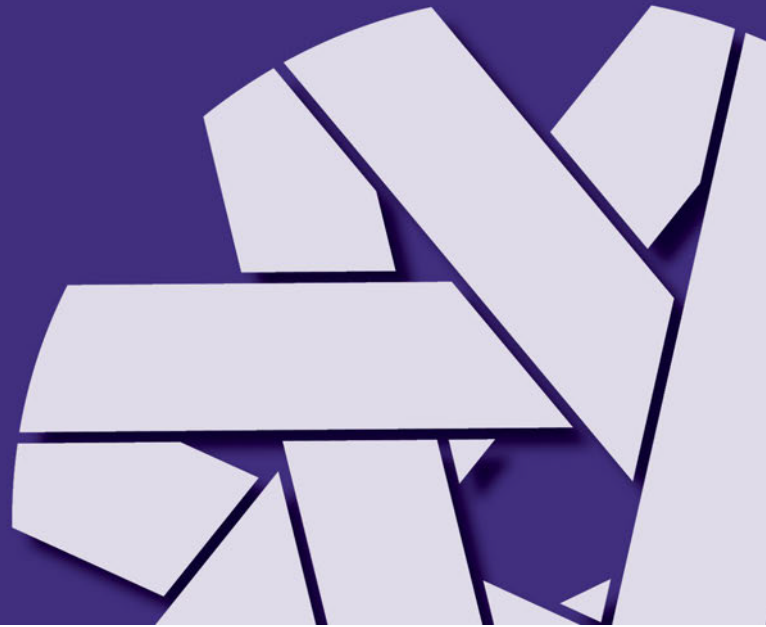
**Allied Health
Professions
Australia**

Submission to Department of Health and Aged Care on Consultation Draft of Aged Care Rules 2024 (Service List)

October 2024

**This submission has been developed in consultation
with AHPA's allied health association members.**

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About Allied Health Professions Australia and the allied health sector

Allied Health Professions Australia (AHPA) is the recognised national peak association for Australia's allied health professions. AHPA's membership consists of 28 national allied health associations and a further 12 affiliate members, each representing a particular allied health profession. AHPA collectively represents some 200,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners, including the largest rural and remote allied health workforce numbering some 14,000 professionals.

Allied health professionals work across a diverse range of settings and sectors, including providing diagnostic and first-contact services, and preventive and maintenance-focused interventions for people with chronic and complex physical and mental illnesses.

Allied health practitioners also support pre- and post-surgical rehabilitation and enable participation and independence for people experiencing temporary or long-term functional limitations. Allied health therefore provides an essential bridge between the medical sector and social support systems such as aged care and disability, where it can represent the key formal health support in a person's life.

Working with a wide range of working groups and experts across the individual allied health professions, AHPA advocates to and supports Australian governments in the development of policies and programs relevant to allied health. In aged care AHPA works closely with its Aged Care Working Group which is comprised of representatives of our member professions that provide aged care services.

General

As it stands, the Consultation Draft of the Aged Care Rules 2024 ('Consultation Draft') will not enable the delivery of allied health services to all older people in the community who need them.

AHPA is particularly concerned about the Consultation Draft's definition of allied health, which results in 'allied health profession' and 'allied health professional' referring only to AHPA-regulated allied health professions. This definition has undesirable implications for various subsequent clauses in the proposed Rules.

However, at a meeting with the Department on 28 October we were informed that this definition was an error and that it would be rectified. Our submission therefore proceeds on that basis.

AHPA's submission emphasises that all allied health services relevant to older people should be included and categorised as 100% Government-funded clinical care. Our second major theme therefore concerns the categorisation of some allied health disciplines as 'therapeutic services for independent living', rather than as 'allied health and therapy'. This means that funding for some allied health services would – in our view, inappropriately – require a consumer co-contribution.

We note that some allied health services, such as audiology and optometry, are not referred to in the Consultation Draft. Although presently subject to other funding arrangements, it is important that the new legislation and associated programs acknowledge the critical importance of these services in maintaining the independence and physical and cognitive abilities of older people.

AHPA also understands that there can be challenges for allied health professionals such as audiologists in delivering the services needed, and that existing funding mechanisms can be restricted for some services and consumers. The Department should consult peak bodies such as

our members Audiology Australia and Optometry Australia to determine the best avenue for ensuring needs-based delivery and 100% Government funding of these services.

Third, we take issue with the proposed delineation of allied health services provided in residential care (Division 8 in the Consultation Draft, reforming Schedule 1 of the *Quality of Care Principles 2014*). For example, as with Support at Home, funding for some allied health services would require part or complete payment by the resident.

However, at the 28 October meeting AHPA was informed that at some later time the Department intends to produce a discussion paper for public consultation on the Rules pertaining to residential care service types. On that basis, we provide no further comment here on proposed Division 8.

Lastly, although not addressed directly by the Consultation Draft, documentation for the Support at Home Service List requires that before being funded under the Support at Home program, allied health and other therapeutic services (Clause 32 in the Consultation Draft) must be accessed under programs such as via a Medicare Chronic Disease Management Plan or Mental Health Plan.¹

AHPA strongly objects to this requirement, in part because it is likely to raise significant difficulties for care planning and coordination. There will also be administrative challenges for providers and consumers if the use of such programs is required to be demonstrated before any Support at Home allied health services can be received.

In addition, it is often difficult to clearly distinguish between ‘aged-related’ and ‘health-related’ needs of aged care consumers (see our comments on Clause 32 below). For instance, if an older person is having falls but there appear to be no associated chronic disease factors, will they be expected to try to first access Medicare for allied health supports? Conversely, what should happen if the person does have a chronic disease, but it has nothing to do with their referral for allied health provision under Support at Home?

Perhaps most saliently, the requirement for consumers to first access non-aged care programs and ‘use up’ their limited annual number of allied health items available there undermines any claim that allied health, as clinical care, is to be paid for 100% by Government. Services accessed under Medicare often entail a significant gap payment for consumers, also meaning that in some instances consumers will not pursue access to the recommended services.

Specific clauses in the Consultation Draft

Clause 5

The definitions of ‘allied health profession’ and ‘allied health professional’ must encompass the full range of both Ahpra-regulated and self-regulating allied health disciplines that provide, or can potentially provide, services to aged care consumers consistent with the Objects of the proposed new Aged Care Act (‘proposed Act’).

It is important to note that AHPA advocates for various amendments to the proposed Act, including to the Objects, so that the new legislation reflects and supports the integral relationship between reablement and allied health care identified by the Royal Commission into Aged Care

¹ <https://www.health.gov.au/resources/publications/support-at-home-service-list?language=en>, 1; see also *Support at Home Program Handbook – Program details for 1 July 2025* Version 1 (3 October 2024), 17-18.

Quality and Safety ('Royal Commission').² Both the Royal Commission and the Inspector-General of Aged Care have recommended that aged care provided to people at home and in residential facilities include a level of allied health care appropriate to each person's needs.³

The simplest approach to defining 'allied health' in the Rules may be to present allied health professions as a non-exhaustive list, with Royal Commission 38 (Commissioner Briggs) as one such example. However, we emphasise that other allied health professions such as orthoptics and orthotics and prosthetics should also be included,⁴ and we refer the Department to AHPA's website for a more comprehensive list.⁵

Clause 32

Allied health services are clinical care. There is therefore no justification for the exclusion from this list of osteopathy, art therapy, orthotics and prosthetics, chiropractic and orthoptics.

Further, the use of 'and therapy' is confusing. Given our suggested amendment above to the definitions of 'allied health profession' and 'allied health professional', 'therapy' would be left to mean allied health assistance, Aboriginal or Torres Strait Islander Health Practitioner assistance, and Aboriginal or Torres Strait Islander Health Worker assistance. The word 'therapy' also conflicts with its (appropriate) use in Item 3 of the Clause 33 table, 'Services in the service type assistance with transition care'.

In addition, we are concerned that Clause 32(2)(c) may not adequately facilitate the provision of services to people who are living with or developing disabilities that are not 'age-related', but may be exacerbated by their age. AHPA recommends that the sub-clause be modified accordingly.

The phrase 'health professional' in Clause 32(3)(e) is also inappropriate. Allied health assistants should be supervised by an allied health professional and only perform tasks where it is safe and appropriate to do so.

In the Clause 32(3) table 'Services in the service type allied health and therapy', Item 5 is inconsistent with the nomenclature of other items. It should be redrafted as 'dietetics and nutrition' or as recommended by our member Dietitians Australia.

Clause 33

Item 2(a) of the table 'Services in the service type assistance with transition care' should be amended so that allied health professionals as defined in this submission are clearly included.

Clause 42

Item 1(d) of the table 'Services in the service type nutrition' should be amended so that speech pathologists also may prescribe nutrition supports.

² <https://ahpa.com.au/advocacy/submission-senate-community-affairs-legislation-committee-on-aged-care-bill-2024-provisions/>.

³ Royal Commission Recommendations 25(b)), 36 and 38; Office of the Inspector-General of Aged Care, *2024 Progress Report on Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety*, 7.

⁴ AHPA refers to and endorses the submission to this consultation by our member, the Australian Orthotic Prosthetic Association.

⁵ <https://ahpa.com.au/our-members/>.

Clause 46

As per our comments above, osteopathy, art therapy and chiropractic should not be included in the category of ‘Therapeutic services for independent living’ but should instead be under Clause 32. In this respect, AHPA refers to and endorses the submissions on the Consultation Draft from our member organisations Osteopathy Australia, the Australian Chiropractors Association and the Australian, New Zealand and Asian Creative Arts Therapies Association.

Further, these three professions have specific training and qualification requirements and scopes of evidence-based practice. Hence for example, osteopathy should only be provided by an osteopath, not by a ‘health professional’.

The phrase ‘health professional’ in Clause 46(3)(e) is also inappropriate for the same reasons as stated in relation to Clause 32(3)(e) above. In addition, the Department should clarify with the appropriate professions whether their scope of practice includes acupuncture or remedial massage, noting that diversional therapy is not generally regarded as an allied health profession.⁶

Item 2 of the table ‘Services in the service type therapeutic services for independent living’ should be amended, as the correct term for the professional discipline and descriptor of associated treatment is simply ‘chiropractic’.

Clause 50

Amendments should be consistent with our comments above concerning Clauses 32 and 46.

Clause 51

On the assumption that the definition of ‘allied health professional’ will be amended as submitted above, the proposed wording in Items 1–5 of the table, ‘Services in the service type equipment and products’, is appropriate.

However, AHPA is concerned that Item 6(b) and 6(c) of that table refer only to assisting the individual to regain or maintain physical, functional or cognitive ability. These sub-items should also refer to assisting individuals who have a degenerative condition, and who need assistive technology or home modification products and supports to either reduce further deterioration or simply in order to function as optimally as possible.

Clause 54

Item 2(b) and 2(c) of the table ‘Services in the service type home adjustments’ should be amended along similar lines as that proposed for Item 6(b) and 6(c) in the Clause 51 table above.

⁶ <https://ahpa.com.au/what-is-allied-health/>. Various massage professions have affiliate but not full membership of AHPA.