AHANA RESPONSE – PRODUCTIVITY COMMISSION

Delivering quality care more efficiently: Interim report

15 September 2025

Commissioners

Productivity Commission Inquiry - Delivering quality care more efficiently: Interim report
Productivity Commission
Level 8, Two Melbourne Quarter
697 Collins Street
Docklands Vic 3008, Australia

5pillars@pc.gov.au (Attention: [redacted])

Dear Commissioners,

Thank you for the opportunity to provide a submission on the **Interim report** of the Inquiry ***Delivering quality care more efficiently.***

The **Allied Health Assistants' National Association** (AHANA) welcomes the Productivity Commission's work program and the Government's five pillar productivity growth agenda notably the inclusion of the inquiry into the productivity improvements possible through achievable reform to enable better access, quality and sustainable services across our health and social support service sectors. We note the five pillars work commissioned by the Treasurer is separate to the Productivity Reform Roundtable process led by the Treasurer, however we trust it will inform that process.

We strongly support the proposed focus of the Interim Report effort to improve productivity across the care economy through:

- greater alignment of safety and quality regulation and the consolidation/ streamlining of that regulation;
- collaborative approaches to commissioning and integration of services to enable better access and more effective delivery of services to people and communities; and
- a shift to prevention and investment in capacity-building and retention.

Increased growth in and use of the Allied Health Assistant workforce has the potential to contribute substantially to the government's service access, quality and productivity ambitions.

As background:

*an **Allied Health Assistant** is a healthcare worker who has demonstrated competencies to provide person-centred, evidence-informed therapy and support to individuals and groups, to help protect, restore and maintain optimal function, and promote independence and well-being.*

An Allied Health Assistant works:

1. *within a defined scope of practice and in a variety of settings, where they actively foster a safe and inclusive environment; and*
2. *under the delegation and supervision of an Allied Health Professional (AHP).*

The level of supervision may be direct, indirect or remote and is dependent on the Allied Health Assistant's demonstrated competencies, capabilities and experience.

*The **Allied Health Assistants' National Association Ltd (AHANA)** is the national peak body for Allied Health Assistants (AHAs).*

AHANA supports, promotes, informs, and advocates for AHAs across Australia. AHANA also administers the AHA National Certification Scheme—a quality assurance process ensuring excellence across the AHA workforce.

AHANA works to benefit users of allied health services, AHAs and the Allied Health Professionals (AHPs) who provide delegation and supervision to AHAs across the health, disability and aged care systems.

AHAs have been identified as an important skilled workforce, increasingly important to improve access to high quality, accessible services across the health, disability and aged care, veterans' children's and other service settings. The breadth of AHAs scope of practice and capacity to work as members of multi-disciplinary teams under the delegation of a variety of allied health professions has been recognised in key national policy reviews, strategies and inquiries over the past decade. For instance:

- AHAs are already employed in every jurisdiction, in private and community-based health services, in disability, aged care and educational settings. There are many examples of Allied Health Professionals working with utilising AHAs to deliver increased service capacity and reach, especially in areas which are underserviced.
    - As an indicator of general demand, a contemporary search on the employment website SEEK using the descriptor Allied Health Assistants will identify between 2500-3000 advertisements nationally (noting that some positions identified will not be HA roles, while others will be for several AHA positions). This far exceeds many of the occupations listed on governments skilled priority lists.
- The **Productivity Commission** has focused extensively on productivity improvement in the health and associated social service sectors/systems over recent years, noting that further productivity improvements must involve workforce initiatives (such as safe delegation and substation) given the high labour and related cost inputs that characterise the sector. (For example – see Advances in measuring healthcare

productivity; the 2022 John Deeble Lecture by then Productivity Commissioner, Michael Brennan; and Leveraging digital technology in healthcare noting that effective a combination of digitally enabled specialist health provision in combination with local AHA (or other qualified assistant workforces) has the potential to improve access, continuity and the outcomes of health care (say in remote and rural settings) while containing existing high service cost structures.

- AHAs are a growing workforce, with the potential to add greatly to existing allied health service capacity, subject to regulatory and funding constraints being addressed (as described in the Unleashing the Potential of our Health Workforce: **Scopes of Practice Review** report, for example – from page 94):
    - *Establishing delegation and supervision frameworks that support Allied Health Assistant training and practice is similarly essential. The Review acknowledges work that has been undertaken, and is underway, in this context, including the development of several frameworks that support the important work of allied health assistants across jurisdictions.*
- **Jobs and Skills Australia** also produced a report in November 2024 identifying Emerging Roles across key employment sectors, identifying Allied Health Assistants as among the leading roles in the health sector. The report used data from 2022. AHANA believes awareness of the role and demand have grown since then.
- The **NDIS Review** paper, Building a more responsive and supportive workforce (2023) acknowledged the need to build both the AHP and AHA workforces and to facilitate opportunities to enable those workforce pathways.
- Nationally governments have entered a **National Skills Agreement** backed by the National Skills Plan, designed to utilise VET training to better match skills and current and emerging employment demand, improve national productivity and capacity. The Plan identifies key priorities, including Sustaining Essential Care Services, which includes AHAs.

While **the Health and Social Assistance workforce** (including the allied health workforce) has led employment growth for well over the past decade a major workforce shortfall remains (with Jobs and Skills Australia projecting an additional 585,000 additional workers will be required in the sector over the next decade. Shortages are most pronounced in remote and rural locations and in some service settings: they are at serious risk of further shortage, even with national growth overall.

AHANA argues that strategically developing this segment of the workforce can help mitigate current and projected shortages of healthcare professionals, providing benefits in areas that are severely under-serviced by specialist professions.

Calls for greater use of 'therapy assistants' or similar roles (now generally known as AHAs) are not new. They were advocated two decades ago – for example in the 2005 Australia's Health Workforce: Productivity Commission Position Paper, (page 124 – where physiotherapy assistants were cited as an example of safe substitution). This Position Paper was a key reference point leading to the subsequent national health workforce reform agenda advanced through COAG in the years prior to 2014.

In line with the central arguments of ***Delivering quality care more efficiently Interim Report,*** AHANA believes improving the productivity of available workforce and service capacity should be a key and consistent theme across government.

- The Government is currently finalising the long-awaited (first) National Allied Health Workforce Strategy (NAHWS). AHANA welcomes the NAHWS but notes that despite the evidence identified above, the current (penultimate) draft of Strategy does not include Allied Health Assistants, despite submissions, such as those from HumanAbility (the national Jobs and Skills Council for the care and support economy) and AHANA for inclusion.
- From page 7 of the draft NAHWS - *It is acknowledged that allied health assistants (AHAs) play an important role in facilitating allied health professionals to work to their full scope of practice, supporting delivery of allied health services. However, AHAs are not considered in-scope for the purposes of this draft Strategy.*
- AHANA believes the NAHWS, and other national strategies and workplans, should emphasise issues of service access, distribution, equity and productivity (and thereby reinforce an outcomes and impacts approach to policy and planning): this approach aligns better with the governments' productivity and related reform priorities than an NAHWS that is more profession-centric.

The Productivity Commission is recommending greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users (Recommendation 1.1).

AHANA strongly supports this recommendation while noting that the rapid development and growth of service sector demand over recent, together with the increased recognition of the role and potential of vital enabling roles, such as AHAs, has also been extremely challenging. AHAs and other merging workforce roles have not had the benefit of well-resourced organisational structures (often further supported by government) to develop robust regulatory and/or professional support mechanisms. Similarly, mechanisms such as the Australian Health Practitioner Regulation Agency (Ahpra) or strongly developed professional organisations (such as medical, nursing or even allied health professional and representational bodies provide a degree of focus and support for many established professions to engage with inform and adjust to regulatory and related developments.

AHANA is a self-funded, membership based national organisation, with members who work across all care sectors. AHANA supports the Productivity Commission's position (see page 19 of the Interim Report) that a *unified approach to worker registration across the aged care, NDIS and veterans' care* sectors.

AHANA's Co-Regulation Proposal: In 2024, AHANA proposed a co-regulation framework to the federal government, aiming to enhance the recognition and support of AHAs. The key drive was

to recognise the AHANA certification scheme and provide our members with potential access to government fee-for-service funding models. This proposal included four recommendations:

1. Develop Standardised Role Definitions and Training Requirements for AHAs – promoting workforce skill development.

2. Establish Formal Career Progression Pathways for AHAs: supporting skills development and workforce retention

3. Allocate Resources for the Education and Professional Development of AHAs: to ensure well-trained and competent workforce -building capability and capacity.

4. Implement National Standards for the Utilisation of AHAs: Across regions and healthcare settings to ensure consistency and quality of care, aligning with workforce planning objectives and benefits.

The AHANA co-regulation framework aims to address the current fragmentation in the AHA workforce, improve workforce utilisation, and enhance the quality and accessibility of allied health services. By recognising AHANA as the standard-setting body for Practising AHAs, the proposal seeks to foster consistency in employment and remuneration, ultimately benefiting the healthcare system and patient outcomes.

We invite the Government to further engage with AHANA and investigate the possibility of establishing a co-regulation framework for AHAs, with direct reference to the ensuring it is designed and implemented so as to advance health and social assistance service access, outcomes and productivity, in line with key national Government reform priorities.

The Allied Health Assistants' National Association would welcome the opportunity to engage directly with the Productivity Commission and/or other key stakeholders with a view to collaborating to simultaneously improve access to quality services, individual and community health and wellbeing and productivity across the health, social service, care and support sectors. Please do not hesitate to contact me at admin@ahana.com.au if you would like to discuss or further investigate the issues ad opportunities raised in this submission.

Kind regards,

[redacted]

Andrew Richardson

Board Chair

Allied Health Assistants' National Association (AHANA)