

***The Peak Body Representing Allied Health in Australia
Incorporating AHPARR (Rural & Remote), National Allied Health Classification Committee and
National Alliance of Self Regulating Health Professions***

Thursday 8 May 2014

Mark Fitt, Committee Secretary
Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100 Parliament House
Canberra ACT 2600

AHPA'S STATEMENT TO THE COMMITTEE

Thank you for the opportunity to submit a statement to the committee regarding the role of allied health professionals in providing services to NDIS participants.

OVERVIEW

This statement has been developed by representative's of Allied Health's NDIS reference committee in response to the issues that have been brought up at number of parliamentary inquiries.

Allied Health Professions Australia (AHPA) is the national peak body for the major health professions (other than medical, dental and nursing) and represents approximately 80,000 health professionals in the allied health sector.

Our members include:

- Audiological Society of Australia
- Australasian Podiatry Council
- Australasian Society of Genetic Counsellors
- Australian and New Zealand College of Perfusionists
- Australian Association of Social Workers
- Australian Music Therapy Association
- Australian Orthotic Prosthetic Association
- Australian Osteopathic Association
- Australian Physiotherapy Association
- The Australian Psychological Society
- Australian Sonographers Association
- Chiropractors' Association of Australia

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Associates: Australian Diabetes Educators Association, Australian Association of Practice Managers.

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- Dietitians Association of Australia
- Exercise & Sports Science Australia
- Occupational Therapy Australia
- Orthoptics Australia
- Society of Hospital Pharmacists of Australia
- Speech Pathology Australia

Many of these allied health professions have a long history of working closely with people with disability, their families and carers. Allied health professions are devoted to person centred therapy and providing all our clients with best practice, client focused care that empowers them with choice and control around their therapy plans. As such, the NDIS is a natural fit for the allied health professions.

There are a number of issues we wanted to bring to the attention of the committee regarding the implementation and administration of allied health services in the NDIS.

Planners and service administration

There is significant diversity in the backgrounds, qualification and expertise of planners. Some are administrators, some are teachers and some are allied health professionals. Though there are many positive benefits arising from this diversity it has led to inconsistencies in how planners operate, work with the participants, administer plans and work with service providers.

Example: There are significant administrative inconsistencies depending on which planner service providers work with. There is no uniformity around service providers reporting requirements - this varies from planner to planner.

Example: Some planners hold to a very strict interpretation of 'therapy' and limit opportunities for providers to broaden their work with participants while others encourage coaching, informing, and building capacity alongside the delivery of therapy services.

Example: Some planners engage in a lot of communication with therapy providers and are very -hands on and instructive, while other planners take a minimalist approach, are difficult to contact and avoid getting involved in the delivery of participant's plans.

Planners have limited knowledge in some areas:

Some planners demonstrate a lack of knowledge about different service providers and their scope of practice. As a result planners are not referring to the correct allied health providers and are also missing out on cost savings and effective interdisciplinary plan solutions.

Example: Some allied health professions may not have anyone working in planner roles - such as prosthetic and orthotics. Given this, it is likely there aren't any planners with a knowledge of prosthetics and orthotics – as it is unusual for generalists to have more knowledge than consumers with smaller professions.

Example: some allied health professions were excluded from the NDIA planner recruitment process – such as dietitians, and have since been limited in their ability to inform and educate planners around their scope of practice.

More needs to be done to ensure planners know about the scope of all NDIS service providers, including the many different allied health professions.

Lack of input and feedback opportunities for providers

AHPA believes there needs to be more opportunities for NDIS service providers, such as Allied Health professionals, to give input and feedback to planners and NDIA staff around the administration and delivery of allied health services.

In the NDIS' development stage some AHPA professions were invited to submit to the NDIA specific guidelines around scope of practice, however to date very little of this feedback has been included or appears to be used.

Unlike other government agencies – such as the Department of Veterans' Affairs (and many state departments) – the NDIA doesn't appear to have any formal feedback mechanism or consultation processes with providers.

Having such consultations convened regularly would give the NDIA, providers and planners more clarity about roles, responsibilities and processes.

Workforce

Retaining best practice service providers is key to the ongoing success of the NDIS.

AHPA understands the different state governments have varying roles in working with the NDIA to ensure quality controls and best practice services are delivered.

This should include ensuring providers are funded for opportunities for professional development for disability services, to ensure currency of knowledge regarding developments in evidence based interventions. Additionally future workforce issues such as ensuring mechanisms for student placements and the mentoring of new allied health graduates are catered for to ensure the next generation of NDIS service providers are trained and equipped for their roles.

Summary Recommendations

AHPA recommends that:

- The NDIA convene regular formal opportunities for service providers, such as Allied Health professionals and planners to work through issues around the administration of plans and delivery of services.
- The NDIA ensure consistency in how planners work with providers – particularly around communication and reporting requirements, and that there is training provided to planners on the various roles of allied health professions working in the NDIS.

- The NDIA implement templates for report writing – this would cut costs for providers, streamline the processes and increase efficiency.
- The NDIA implement a workforce committee which includes Allied Health representation that focuses on the requirements for delivering best practice quality care, inclusive of professional development, student placements and mentoring new graduates.
- That as part of their role in overseeing the implementation of the NDIS, the Joint Standing Committee convene regular fora for major service providers, such as the allied health professions, to contribute to the ongoing design, administration and implementation of the scheme.

Allied Health practitioners of the various AHPA professions report on the regular improvements and exciting opportunities in the administration and delivery of the NDIS. The Allied Health professions look forward to playing a constructive ongoing role working with planners in delivering participants the best practice, client centred care that is the corner stone of the NDIS.

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