



PROPOSAL

AVERTING A NATION-WIDE SHORTAGE OF ALLIED HEALTH PROFESSIONALS IN AGED CARE

Executive Summary:

The Australian Council of Deans of Health Sciences requests that \$5 million in funding be allocated for the purpose of developing, evaluating and scaling up of models of clinical education for allied health professionals in the aged care sector. This activity is necessary to avert a nation-wide shortage of allied health professionals trained and willing to work in this sector over the next decade. This funding could be allocated through the Medical Research Future Fund Dementia, Ageing and Aged Care Mission or directly through the Australian Government Department of Health.

The **Australian Council of Deans of Health Sciences (ACDHS)** is the peak representative organisation for Australian universities that provide education in the clinical allied health sciences. We represent universities that provide courses in a minimum of three of: audiology; clinical exercise physiology / sport and exercise science; medical laboratory science; nutrition and dietetics; occupational therapy; optometry; orthoptics; paramedicine; pharmacy; physiotherapy; podiatry; prosthetics and orthotics; psychology; medical radiation science; social work; and speech pathology.

The ACDHS has identified the need to develop models for training and rapidly developing and scaling the allied health aged care workforce as the most critical educational issue facing this sector.

Workforce shortages represent an imbalance between the demand for services provided by a particular set of workers, and the supply of these workers. There are two key factors likely to drive up **demand** for allied health services in Australia over the next decade.

- 1) Australia's ageing demographic.
- 2) Multiple recommendations from the Royal Commission into Aged Care Quality and Safety calling for greater involvement of allied health in aged care and creation of funding mechanisms to support allied health practitioners to work in the aged care sector.¹ Specifically:
 - Recommendation 36: Care at home to include allied health care
 - Recommendation 38: Residential aged care to include allied health care
 - Recommendation 58: Access to specialists and other health practitioners through Multidisciplinary Outreach Services -

The key features of the model should include multidisciplinary teams, including nurse practitioners, allied health practitioners and pharmacists

- Recommendation 61: Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services

A similar Australian experience from creating new funding avenues has been seen in the disability sector via the National Disability Insurance Scheme. Researchers identified that many scheme participants with funds available to purchase allied health services not being able to do so due to lack of availability of allied health professionals.

There are also two key factors impacting the **supply** side of this imbalance.

- 1) The low base of allied health professionals currently working in the aged care sector.
- 2) Under-developed clinical education models that would allow for more rapid growth in the aged care sector than historical 1:1 teaching models.

There is a very real risk that there will be an undersupply of allied health professionals to work in aged care.

There is considerable risk that workforce supply of allied health practitioners will not meet future demand in the aged care sector. This is analogous to the undersupply seen in the disability sector following the launch of the National Disability Insurance Scheme when inequitable access to allied health services resulted in loss of function and opportunity for NDIS participants.² However, the undersupply of allied health workforce is likely to be even greater in the aged care sector as:

- i) Australia is facing a rapidly ageing demographic, leading to a rapid increase in demand for aged care services resulting in undersupply of existing workers.³
- ii) The low base of allied health professionals currently working in the aged care sector will be insufficient to enable the rapid scaling up of allied health workers through provision of fieldwork placements using conventional approaches.
- iii) There will be strong competition for allied health professionals who might otherwise enter the aged care workforce, particularly from health, disability, and other industry sectors.
- iv) There is now a growing global shortage of the health workforce with global projections indicating a worldwide net shortage of 15 million workers with growth in the demand highest in upper middle-income countries.⁴

Why development of high quality and capacity fieldwork placement models in aged care is vital.

There is a clear and present need for the allied health aged care workforce to be scaled. However, doing so is not a straight-forward task. Previous research indicates level of knowledge about older adults in health professional students has been below expectation for beginning practitioners,⁵ that there may be significant ageism bias in allied health students compared to their supervisors,⁶ and that there are

substantially lower levels of interest in working with older adults.⁷ *Simply including aged care content in a course does not have a significant impact on whether allied health would go on to work in aged care compared to the substantial impact that specific geriatrics training and undertaking a placement in a specialist geriatric area as a part of their degree does.*⁸ This is consistent with international data from the psychology discipline which indicates that across the USA, Canada, and Australia “It was clear in all three countries that applied placements were a student’s best chance of gaining exposure to clinical psychologists trained in working with older adults.”⁹

Need to develop “aged-care specific” placement models for allied health.

Allied Health professional training models are diverse, but have generally evolved from hospital-based training models. There is a raft of research programs designed to understand optimal placement training models for this setting including conventional 1:1 versus collaborative education models,¹⁰ use of simulations,¹¹ peer-assisted learning models.¹² Australia has an excellent history of co-operative, multi-institutional research and development programs seeking to understand and optimized models of training for the health care sector. More recently, there has been a rapid growth in training program development and research in the disability sector, spurred on by funding of training model development initiatives through the NDIS Jobs and Market Fund Initiative.

In contrast, the amount of research and knowledge of optimal training approaches in the aged sector is highly underdeveloped. Transferal of models from the hospital sector into the aged care sector is complicated by the comparative paucity of established allied health workforce embedded within aged care services (particularly residential aged care) with which to supervise students, and the frequently fractional allied health positions within aged care services being insufficient to provide full-time student supervision requirements. There are additional contextual issues that are of a greater priority in the aged care sector, such as the need for allied health professional students to develop skills / competencies in delegating tasks to allied health assistants.

The ACDHS request funding be made available to support the development and evaluation of training models to facilitate the rapid scaling of the aged care allied health workforce.

The ACDHS requests the Federal Government to provide funds to support a dedicated program of work that supports the development, evaluation and scaling up of models of allied health education placement specifically tailored for the aged care sector.

This work would ideally be undertaken across multiple university members of the ACDHS in partnership with aged care services (both residential and community-based), practitioners, educators, industry representatives and consumers. It would include representation from Aboriginal and Torres Strait Islander peoples and remote and rural aged care service provider sectors.

We would propose that this work involve formation of a multi-stakeholder, co-production team that would iteratively work with multiple academic teams to:

- 1) Complete a scoping review of existing models and evidence supporting their utility
- 2) Develop an aged care placement model evaluation framework
- 3) Prioritize candidate models for further development and evaluation
- 4) Develop protocols / resources / toolkits to support implementation of candidate models
- 5) Pilot test of candidate models

- 6) Refine and finalise models
- 7) Conduct a large-scale roll-out evaluation of candidate models
- 8) Develop protocols / resources / toolkits / policy recommendations to scale the candidate models nation-wide.

This work would be completed within a 3-year timeframe as illustrated.

Timeline	Co-production team	Scoping review team	Evaluation team	Pilot implementation sites	Toolkit development team	Implementation and formal evaluation sites
Year 1 start	Set scoping review parameters					
		Ethics				
		Undertake scoping review & local data gathering work				
	Discuss results and select 3 top options for piloting	Reporting, dissemination				
			Ethics	Ethics		
			Conduct evaluation of each option	3 highest ranked options piloted		
Year 2 start	Discuss results of pilot and select top option for implementation and formal evaluation				Toolkit and resource development	
			Ethics			Ethics
Year 3 start			Conduct evaluation of multi-stage, roll-out implementation			Multi-stage, roll-out implementation
	Reporting, dissemination		Reporting, dissemination		Dissemination, post online	

Alignment with current funding mechanisms

Funding for this work could be made available through the Medical Research Future Fund Dementia, Ageing and Aged Care Mission or directly through the Australian Government Department of Health. Funding of the magnitude of \$5 million would be anticipated to be sufficient to undertake this work of the scale necessary to make this a national effort that makes a meaningful impact on allied health workforce development in the aged care sector.

13 April 2022



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