



**Independent Review Of the National Disability Insurance Scheme
NDIS Review Secretariat
Department of Prime Minister and Cabinet
December 2022**

Response to: Our Approach Independent Review of the National Disability Insurance Scheme. November 2022

Introduction

The **Australian Council of Deans of Health Sciences (ACDHS)** is the peak body representing 29 Australian Universities who deliver pre-professional education and research for allied health sciences. As a collective we are the largest provider of allied health education in Australia; teaching over 83,000 students at any one time. We educate tomorrow's allied health professionals; developing the workforce pipeline to overcome shortages that are now felt across the health and care sectors. More information is available at <https://acdhs.edu.au/>.

Allied health services are an essential component of the disability support system in Australia. They undertake a range of functions across disability, health and education that are not always fully recognised. Allied Health Professionals partner with people with disabilities to:

- assist decision making regarding practical physical and emotional supports that promote choice, control, independence and quality of life;
- manage and treat acute and chronic health problems; and
- support and intervene to ensure they can access school, vocational training or higher education and can function with as much independence as possible in these settings¹.

We fully support the Independent Review's overarching objective to place people with a disability back at the centre of the NDIS, restoring trust, confidence and pride in the NDIS amongst them and their families and carers and ensuring the sustainability of the scheme so that future generations can benefit.

ACDHS welcomes the opportunity to contribute to the Independent Review (the Review). This submission addresses two workforce issues; workforce planning and allied health education.

Workforce Planning

¹ Australian Council of Deans of Health Sciences Issues Brief. May 2021 at <https://acdhs.edu.au/>



By 2024 it has been estimated that an additional 8,000 Allied Health Professionals will be required for the NDIS to reach the needs of its participants². ACDHS has been an active contributor to the implementation of the NDIS National Workforce Plan 2021-25³. Minister Shorten has given a commitment that one of the outcomes of the Independent Review will be a NDIS workforce strategy to ensure that NDIS participants can access the support that they need, including from allied health professionals (correspondence 7 September 2022). ACDHS welcomes the opportunity to participate in the development of the new Strategy.

Australia is grappling with a number of pressing healthcare workforce issues and it is recognised that there is a growth in demand from across the health and care sectors. In rural and remote areas this shortage in allied health has been described as endemic⁴. The remedy for our current difficulties lies in a national, holistic approach to workforce planning, rather than a siloed profession, issue and/or setting specific plan. The siloed approach makes it difficult to facilitate the coordinated and multidisciplinary services that are frequently needed in a person-focused disability support system. It also risks unhelpful competition between sectors, jurisdictions and settings for workers who are all sourced from a similar pool. Furthermore, in areas of thin markets such as rural and remote locations, allied health professionals may have a mixed practice and work across health, aged care and disability support. A National Healthcare Workforce Plan is our preferred policy approach to addressing supply and demand issues for the allied health workforce and ACDHS has continued to advocate along these lines in our engagement with Government about health, disability and aged care workforce issues.

To this end, it is strongly advised that officials from the Departments of Health and Aged Care, including the Chief Allied Health Officer, and Department of Social Security work together to deliver a consistent and integrated approach to workforce planning. For allied health, such planning will need to be cognisant of the range of disciplines and the mix of registered and non-registered allied health professions. It will also require an approach inclusive of education, disability and aged care sectors in addition to health.

The need for a holistic approach to allied health disability workforce planning is illustrative of the need for the NDIS to become better integrated with the health system, particularly multidisciplinary primary health care⁵.

ACDHS supports in principle the development of a new NDIS workforce strategy with the proviso that:

- **high level collaboration occurs at the officials level across the Social Services and Health and Aged care portfolios, to ensure that workforce planning is integrated and holistic**
- **the strategy is underpinned by a systematic, evidence based, approach to workforce planning that includes:**
 - **supply side factors (education and training, academic workforce, entry, exit, workforce demographics, location, skill mix, wait time)**
 - **demand side factors (demographics, location, service type, service use, price,, wait time)**

² NDIS National Workforce Plan 2021-2025. June 2021. Department of Social Services. Commonwealth of Australia

³ ibid

⁴ Tuxworth G. Imagine this: health policy that also helps the economy. Web post Croakey Health Media. Melissa Sweet ed. (18 May 2022) [Croakey Health Media](#) accessed 29 November 2022

⁵ Webster I. Reinventing the NDIS. Web post. *Pearls and Irritations*. Publisher John Menadue (17 November 2022). <https://johnmenadue.com/re-framing-the-ndis/> accessed 28 November 2022



- alternative scenarios (e.g. changing skill mix, new models of care, care pathways, emerging technology)⁶
- the strategy integrates with national health care and community service workforce planning, specifically for allied health professionals.

Allied Health Education

Intellectual Disability Health Capability Framework

The conceptual underpinnings of human rights, self-determination, choice and control, strengths based, and person centred approaches are common across all allied health professionals' education and practice.⁷ ACDHS recognises that unfortunately there are some allied health professionals who persist in holding negative values and stereotypes about people with disabilities, therefore we are pleased to be involved in the Intellectual Disability Health Curriculum Development Project that will set out learning outcomes regarding health care for people with intellectual disability. These capabilities and learning outcomes are due to be finalised in 2023. It is likely that there will be variation across allied health disciplines and institutions in how these are embedded into programs. As curriculum content is subject to program accreditation processes across the allied health professional bodies, it will be important that the Australian Health Practitioner Regulation Authority (AHPRA) and accrediting bodies are involved in this process to determine how the new capabilities can be incorporated into existing degrees.

Allied Health Students Clinical Placements

NDIS providers report allied health professionals as “almost impossible to find”, and that they are unable to afford taking on students⁸. We have a particular interest in growing student placements in the disability sector, as we know that students' experiences on their clinical practicum influences where they ultimately choose to work. Positive placement experiences in quality NDIS funded services are a key enabler to developing the pipeline of allied health professionals, making disability services a career of choice and ensuring that people with disabilities receive the allied health services they need to optimize their quality of life.

The importance of growing the number of clinical placements for students was recognised in the previous NDIS National Workforce Plan⁹ and in the workforce recommendations of the Joint Standing Committee on the National Disability Insurance Scheme¹⁰. Under the National Workforce Plan, a proposed pilot that was due to be implemented in 2022 did not eventuate. The Joint Standing Committee recommended that

the Australian Government, through co-design and strong partnerships with NDIS service providers, universities, TAFEs and other training institutions, should develop and implement a robust strategy to increase and improve student placement

⁶ Anderson M, O'Neill C, Macleod Clark J et al. Lancet 2021;397:1992-2011

⁷ ibid

⁸ State of the Disability Sector Report 2022 NDS.

⁹ NDIS National Workforce Plan 2021-2025. June 2021. Department of Social Services. Commonwealth of Australia

¹⁰ NDIS Workforce final report. Joint standing Committee on the National Disability Insurance Scheme. Parliament House, Canberra. Commonwealth of Australia February 2022.

https://www.apf.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce/Report



opportunities in the NDIS workforce (REC 6), in recognition of the significant role that such traineeships have in future workforce development¹¹.

ACDHS contends that the time has passed for further pilot studies, and that what is required is a review of successful models to make recommendations for a sustainable funding model to support clinical placements. Investment in trials and research has produced a body of advice, tools and support that is available for industry to increase student placements¹². What is required is sustainable funding. Examples of funding support exist in the health sector - such as the general practice incentive payments to support teaching of medical students¹³.

A disability support services funding model to support allied health students will need to provide for:

- university – industry partnerships to support champions of learning organisations within disability and to develop capacity in organisations. This will also assist in dispelling negative attitudes towards hosting student placements and about disability as a career choice.
- increasing and supporting private sector placements – since the NDIS there has been a shift away from state funded public services to the private sector.
- employment of clinical facilitators through NDIS providers who are experts in disability support and disability practice.
- Recognition in university funding that tools, training and mentoring will need to be provided by universities to NDIS providers to assist in establishing systems and processes for student support in the disability sector.
- ongoing professional development opportunities for the sector – both as a retention strategy for the existing allied health workforce and also to connect disability staff with higher education and training offerings.

Staff turnover can be high, particularly in rural and remote areas. While organisations may be successful in attracting entry-level allied health staff, broader contextual factors, including accommodation, organisational factors including orientation, job role and supportive work environments, peer support, access to professional development opportunities, career pathways, and broader community/social support¹⁴.

The role of University Clinics

Many ACDHS members run campus health clinics. Services are delivered by students supervised by highly qualified and experienced professionals and provide an efficient and effective model of clinical education. Most (if not all) clinics are NDIS registered. We think there are opportunities to further develop an expanded university clinic model whereby students could potentially deliver outreach into the community. Broadly this could involve a clinical educator working alongside a student delivering services under supervision to NDIS participants in the community.

¹¹ ibid

¹² <https://blcw.dss.gov.au/articles/allied-health-placements-in-disability/>

¹³ <https://www.servicesaustralia.gov.au/teaching-payment-for-practice-incentives-program?context=23046>

¹⁴ Cosgrave, C. Context Matters: Findings from a Qualitative Study Exploring Service and Place Factors Influencing the Recruitment and Retention of Allied Health Professionals in Rural Australian Public Health Services. *Int. J. Environ. Res. Public Health* **2020**, *17*, 5815.



Allied Health Assistants

ACDHS recognises that allied health assistants and care and support workers have a role in providing disability services that are within their scope of practice. Allied health assistants require supervision by allied health professionals and are not a substitute for allied health professional services. Where assistants are employed, training competencies and best practice arrangements for delegation and supervision by allied health professionals must be embedded into systems and processes.¹⁵ Education providers have a key role here, across university and TAFE sectors, bringing together knowledge and skills to provide allied health professionals and certificate and diploma qualified allied health assistants.

ACDHS recommends that the Review:

- **note that progress in securing sustainable funding solutions for allied health student clinical placements has stalled; and**
- **advise on options for funding models to support clinical placements, such as building into the NDIS funding model payment for student delivered services and/or teaching payments to compensate providers for their investment in teaching students.**

If you have any questions about this response then please do not hesitate to contact ACDHS at secretariat@acdhs.edu.au.

20 December 2022

¹⁵ ibid

