

Allied Health: Therapy and Science Disciplines

Position Paper

Simplifying Allied Health

Why we need to simplify allied health

While allied health is described and frequently treated as a single entity, in reality it is not. The multiplicity of professions with different technical expertise, training pathways, sectors of practice and professional governance comprising allied health, make allied health highly complex.

Policies and initiatives assuming allied health is homogenous rarely achieve best outcomes. Such policies are frequently the consequence of the allied health workforce being complex and difficult to understand and fully engage.

As healthcare becomes increasingly complex, requiring seamless interdisciplinary teamwork and maximal return on investments in our health workforce, it is critical that the allied health professions are fully engaged and that the system potential they represent is fully realised.

Classifying allied health into 'Therapy' and 'Science'

Defining allied health has proved difficult in the past¹². Therefore, Victoria has taken a functional approach to broadly classifying allied health for policy purposes rather than attempting to develop a definition. This approach has been informed by extensive previous debate and work in this space.

Allied Health is a collective term that covers a wide range of professions. The professions are as diverse as physiotherapy, pharmacy, psychology, and social work to medical physics and optometry. In Victoria, allied health incorporates 27 professions and over 42,500 practitioners. A simple classification of professions into Allied Health: Therapy or Allied Health: Science disciplines will improve understanding and engagement with this complex sector.

A simple classification of professions into Allied Health: Therapy or Allied Health: Science that improves 'within group' commonalities between professions will facilitate understanding by policy makers and executives, enabling more targeted and successful policy development and organisation decisions while retaining the value of the collective nature of allied health.

How we developed the model

The Victorian categories of Allied Health: Therapy and Allied Health: Science is based on the comprehensive research of Grimmer and Kumar (2005) which analysed the core intervention(s), the primary intent and catalyst of the interventions provided by each allied health profession, and the subsequent work of Turnbull et al (2009).

This work gave rise to four categories of allied health professions in a three dimensional model to support understanding of overlap and career progression within and across training categories. For reasons of simplicity, and to meet overarching policy objectives, Victoria has collapsed these four categories into two broader groups - 'Therapy and Science'.

¹ Australian Health Workforce Advisory Committee 2006, The Australian allied health workforce, AHWAC Report

² Lowe, Adams & O'Kane 2007, A framework for the categorization of the Australian health professional workforce, Services for Australian Rural and Remote Allied Health Inc (SARRAH).

This further categorisation is based on the Victorian functional context, including aspects such as funding models for training, common organisational governance models and historical alignments, such as the Royal Victorian Eye and Ear Hospital.

What have stakeholders said

Extensive consultation was undertaken with allied health stakeholders throughout 2013, including all professional associations, directors of allied health, clinicians and managers and industrial groups. Feedback was sought on the need for increased understanding of allied health, the concept of the categorisation and the draft 'classification' of professions. There was overwhelming support for the concept and the need for it. It was recognised that for some professions the classification was 'lineball' but there was general agreement with the proposed approach. In addition, there was strong support for two broad groups that facilitated opportunities for collaboration, learning and cross fertilisation between professions.

Table 1 shows the disciplines according to the Victorian classification as Allied Health: Therapy and Allied Health: Science.

Therapy Disciplines	Science Disciplines
Allied Health Assistant*	Audiology
Art therapy	Biomedical Science
Chiropractry	Diagnostic Imaging Medical Physics
Dietetics	Medical Laboratory Science
Exercise Physiology	Nuclear Medicine
Music Therapy	Optometry
Occupational Therapy	Orthoptics
Oral Health (not dentistry)	Pharmacy
Osteopathy	Radiation Oncology Medical Physics
Orthotics and Prosthetics	Radiation Therapy
Physiotherapy	Radiography
Podiatry	Sonography
Psychology	
Social Work	
Speech Therapy	

*Work under supervision of some allied health professions in single or multidisciplinary roles.

References

Australian Health Workforce Advisory Committee 2006, The Australian allied health workforce — an overview of workforce planning issues, AHWAC Report. Sydney: 2006: 19.

Grimmer K, Kumar S. 2005, Allied health task-related evidence, *J Soc Work Res Eval*; 6: 143-54.

Lowe S, Adams R, O'Kane A 2007, A framework for the categorization of the Australian health professional workforce: a discussion paper for comment and to stimulate debate, Services for Australian Rural and Remote Allied Health Inc (SARRAH).

Turnbull C, Grimmer-Somers K, Kumar S, May E, Law D and Ashworth E 2009, Allied, scientific and complementary health professionals: a new model for Australian allied health, *Australian Health Review* February Vol 33 No 1.