PHCRIS RESEARCH ROUNDup

Allied health practitioners in Australian primary health care

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Allied health practitioners (AHPs) are a large and diverse group of health professionals who are integral to the healthcare system. Many work in primary health care, mainly in private practice. Utilisation of AHP services is higher among people with chronic diseases. AHPs are under-researched, and they often lack recognition for their contribution to health care.

This *RESEARCH ROUNDup* provides an overview of AHPs in primary health care, particularly in Australia. There is a need for more research by and about AHPs, better integration into the health system, and more interprofessional education.

Allied health practitioners (AHPs) are important healthcare providers.[1] They generally work with individual patients/consumers, treating (and sometimes diagnosing) a wide range of health conditions, particularly chronic illnesses. However, they also work with groups, for example in health promotion.

Many AHPs work in primary health care (PHC) settings, primarily in private practice,[2,3,4] often as sole practitioners, but they also work in general practices, community health centres, and aged care facilities, individually and in multidisciplinary teams. They provide a diverse range of services, including assessment, specialist treatment, rehabilitation, and self-care education.[5] Allied health is a core component of patient-centred PHC,[5] and its importance is recognised in the *National Primary Health Care Strategy*.[6] AHPs also work in hospitals, often in multidisciplinary teams. Other AHPs in hospitals include speech pathologists, psychologists, and podiatrists.

Most AHPs have at least four years of university training, and many have master's or doctoral degrees.[7]

Definitions of AHPs

'Allied health' is an umbrella term encompassing workers (other than doctors, nurses, and dental professionals) who are trained to help people achieve optimal health.[5] Definitions and lists of AHPs vary considerably.[1,3] All exclude doctors, and most but not all exclude nurses. Several professional groups, including physiotherapists, OTs, and dietitians, all of which are commonly employed in hospitals, are included in most if not all definitions.

The AIHW's *Allied health workforce 2012* report[2] encompasses Aboriginal and Torres Strait Islander (ATSI) health practitioners, Chinese medicine practitioners, chiropractors, medical radiation practitioners, OTs, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, and psychologists. These were the 11 professions included in the National Registration and Accreditation Scheme (NRAS) on 1 July 2012, excluding medical practitioners, nurses and midwives, and dental practitioners.

Regulation and registration

AHPs are regulated in many countries. This includes registration, education requirements, and authorised roles. In Australia, regulation is primarily via national registration and self-regulation.[5] The National Registration and Accreditation Scheme (NRAS) currently includes 11 allied health professions (see Definitions box). Registration is administered by national boards (e.g. Optometry Board of Australia). The national boards are supported by the Australian Health Practitioner Regulation Agency (AHPRA).[13] Some professions (e.g. audiology) are self-regulated through the National Alliance of Self-Regulating Health Professions (NASRHP). AHPs are also governed by professional associations (e.g. Dietitians Association of Australia), which develop standards and codes of ethics.[5]

AHP research

There is relatively little research by and about AHPs. Even administrative data are limited. In Australia, although the AIHW compiles and analyses statistics about AHPs, drawing on multiple sources, there are major gaps in data, particularly related to AHPs in private practice, because they are eligible for only a few categories of Medicare rebates,[8] and therefore are usually excluded from Medicare data.

Although the evidence base for AHP clinical practice is relatively weak,[9] there is a small but growing body of research, including research on translation of evidence into practice.[10] However, there is little health services research focusing on AHP interactions and collaborations with other health professionals, and the reporting of such research often lacks detail about specific professions.

Research by and about AHPs is hampered by their diversity[1] and relatively small numbers within specific professions. Other barriers include fragmentation, diversity of settings, and the fact that AHPs often provide complex multidisciplinary interventions with outcomes that are difficult to measure.[11]

A recent Australian study found that AHPs were more likely to be motivated to undertake research by intrinsic factors such as a strong interest in research than by external factors such as having research included in their job description.[12] UK and Australian researchers have argued for a long-term strategic approach to AHP research capacity building,[9] focusing on research environments as well as organisations and individuals.

AHP workforce

The AIHW compiles and analyses detailed workforce statistics, primarily using data on registered professions from the NRAS. In 2012, there were 126 788 registered AHPs in Australia[2] (compared with 91 504 doctors[14] and 334 078 nurses[15]); 29 387 were psychologists; 27 025 pharmacists; 23 934 physiotherapists; 14 307 OTs; 13 376 medical radiation practitioners; 4 564 optometrists; 4 533 chiropractors; 3 885 Chinese medicine practitioners; 3 783 podiatrists; 1 729 osteopaths; and 265 ATSI health practitioners.[2]

Demographically, the AHP workforce is relatively middle-aged, with average ages ranging from 37 to 47 years.[2] Women outnumber men in most professions: 91.5% of occupational therapists, 76.7% of psychologists, and 71.9% of ATSI health practitioners are female, the exceptions being optometry

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(48.2%) and chiropractic (34.8%).[2] Indigenous people are under-represented,[4] as in other health professions. All AHPs except ATSI health practitioners are concentrated in major cities.[2]

Utilisation of AHP services

Information about the utilisation of PHC AHP services in Australia is limited.[16] However, an analysis of 2007–2008 National Health Survey data revealed that 24% of people had visited a physiotherapist, chiropractor, podiatrist, or dietitian the previous year. Women were more likely than men to access these AHPs, particularly in older age-groups;[16] the difference was primarily accounted for by podiatrist services. Lower education levels, non-English-speaking backgrounds, unemployment, and lack of ancillary health insurance were all associated with lower utilisation. People with diabetes had the highest utilisation, particularly of podiatrists and dietitians. People with other chronic diseases had lower utilisation, but it was approximately twice as high as that of people with no chronic diseases.

Referrals to AHPs

Referral to AHPs by doctors is a key issue. GPs have a gate-keeping role for many patients, who often have little knowledge of AHPs. GP referrals are required for AHP services to be eligible for Medicare rebates.[8]

There is evidence of good referral practices. For example, a study of 26 GP practices in Sydney found that referrals of patients with chronic diseases were appropriate.[17] However, there is also evidence of under-referral and inappropriate referral.[18] Furthermore, many international medical graduates in Australia have no prior experience with AHPs, and are unsure of their roles.[19]

Optimising the AHP workforce in PHC

AHPs contribute greatly to PHC, but there is inadequate integration of their services, and there is a relative paucity of research both by and about AHPs. There is also a need for more interprofessional education,[18] from undergraduate level to post-registration,[20] which is likely to facilitate integration, both directly and by encouraging multidisciplinary research.

Research centres and resources

International Centre for Allied Health Evidence (University of South Australia) <unisa.edu.au/cahe/>

The Arthritis Research UK Primary Care Centre (Keele University) <arthritisresearchuk.org/research/our-centres-of-excellence/primary-care-centre.aspx>

speechBITE <speechbite.com/>

Australian Health Practitioner Regulation Agency (AHPRA) <ahpra.gov.au/>

Organisations

Allied Health Professions Australia (AHPA) <ahpa.com.au/>

Indigenous Allied **Health Australia** (IAHA) <iaha.com.au/>

National Alliance of Self-Regulating Health Professions (NASRHP) <ahpa.com.au/Home/AlliedHealthRepresentation/AlliedHealthRepresentationonOrganisations.aspx>

Services for Australian Rural and Remote Allied Health (SARRAH) <sarrah.org.au>

Resources

Allied health workforce 2012 (Australian Institute of Health and Welfare 2013) <aihw.gov.au/publication-detail/?id=60129544591>

Guide to Allied Health Professions in the Primary Care Setting (AML Alliance 2013) <actml.com.au/programs/allied-health/amla-guide-to-ah-professions-in-the-primary-care-setting_20140102133953.pdf>

Health Workforce Australia *In Focus* reports <hwa.gov.au/our-work/australia's-health-workforce-series/selected-occupations-focus>

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