

Allied Health Workforce Data Needs in the Primary Care Sector

Policy Paper

National PHN Allied Health in Primary Care Engagement Framework

Contact

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Primary Health Network (PHN) Cooperative

Contents

Executive Summary.....	2
Introduction and Background	4
Purpose of the paper	4
The National PHN Allied Health in Primary Care Engagement Framework.....	4
Defining the Primary Care Allied Health Workforce.	5
The Need for Change	6
The National Policy Context and Imperative	6
Understanding the problem	7
Allied Health Data Availability and Needs in Primary Care.....	7
What data is currently available?	7
A Vision for a Data Informed Primary Allied Health Care Sector.....	11
Foundation pillars for a data informed Primary Allied Health Care Sector	11
Possible Expansion of the GP Workforce Planning and Prioritisation Program	11
Moving forward with action	12
Systemic change at the national level	12
Regional level action	13
Sequencing Change.....	13
Recommendations	14

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Executive Summary

This policy paper has been prepared by the PHN Cooperative to support implementation of the National PHN Allied Health in Primary Care Engagement Framework. It sets forth the challenges and opportunities relating to availability and use of data about the primary care allied health workforce and considers what we need to know about the supply, activity and impact of the allied health workforce to implement the Government's Strengthening Medicare primary care reforms. This data is essential to having a strong, well- planned and integrated primary care allied health workforce and to support the move towards integrated multidisciplinary team care.

There are four dimensions to the problem with currently available data:

- Supply data available on the overall allied health workforce is sparse, variable across professions and not available at the regional level;
- Activity data, to inform understanding of which allied health professionals are providing what services to whom, is not consistently available;
- Data on the outcomes and patient experience of allied health care is not universally collected using consistent software, and;
- Digital capacity and data safety in the Allied Health sector has not been sufficiently developed to support consistent and secure data collection and sharing.

This paper considers the availability of data about the supply of both the regulated and the self-regulating allied health workforce including through the National Health Workforce Dataset. Some PHNs have established engagement strategies and local databases which are starting to collect a picture of the local allied health professional primary care workforce and supporting communication and referral pathways.

PHNs are also playing a role through regular needs assessments in reporting on service gaps within the region which require allied health professionals. Importantly, PHNs have also been playing a significant role in several jurisdictions under the GP Workforce Planning and Prioritisation Program (GP WPPP) to undertake workforce planning for GP Training programs and distribution targets. Consideration is given in this paper to whether an extension of this Program to allied health professionals and potentially other professionals involved in multidisciplinary team care could be possible, building on the role of PHNs in undertaking annual regional needs assessments.

Allied health professional activity data from Medicare is useful in the provision of mental health services and gives a picture of uptake of services in regional and metropolitan areas. However most allied health providers are not likely to be registered for providing Medicare services. A single minimum data set for allied health service delivery through PHNs has not been established as there has not been a continuous government program for engaging allied health providers through PHNs.

PHNs have a vision for a data-informed primary allied health sector which can enable workforce planning, service planning, commission and evaluation and support integration of allied health services into multidisciplinary team care. To achieve this the following foundation pillars should be considered for development:

- A single national data base on the allied health professional workforce
- A digitally capable allied health workforce with safe and secure means of data storage and sharing
- Regional level data on supply, skills and location of allied health providers
- Minimum data sets in place to record consistent activity data
- Continuous quality improvement supported by patient reported outcomes and experience of care.

A range of enablers are also required including resources to support the allied health workforce to build digital capacity, partnerships across sectors and between PHNs and professional groups, and resourcing regional allied health data reform.

The following recommendations relate to the support of the Allied Health workforce in gathering and safely sharing data in clinical practice:

- The data needs of the implementation of the Strengthening Medicare reforms should be given priority. This includes providing support to allied health professionals participating in multidisciplinary team care arrangements to:
 - digitally collect and safely share patient activity and patient experience data in a consistent way using common software.
 - gather data to explore the question of whether the impact of allied health services on outcome of care for patients with chronic disease is greater when the services are provided within a multidisciplinary team.
- Dedicated staff positions should be provided to PHNs to enable support for the allied health workforce and to offer a conduit to GPs and other stakeholders.
- The roll out of My Health Record through the Australian Digital Health Agency should give priority to registering allied health professionals and supporting them in the collecting and sharing of patient data with GPs and other providers.
- Effective engagement with allied health professional peaks should be prioritised to enable provision of data about supply, location and professional interests of allied health professionals at regional level.

The following recommendations relate to developing clearer national and regional data about the allied health workforce, and developing data storage and access arrangements:

- Consideration should be given to a one off survey of allied health professionals involved in primary care to provide a baseline of data on supply, location and specialty of professionals.
- A single national allied health workforce dataset should be developed that can be increased and developed over time.
- An authorising environment should be developed and resources provided for use and storage of de-identified data about the regional allied health workforce by PHNs or other appropriate regional entities to inform planning, evaluation and continuous quality.
- A regional allied health workforce data framework should be developed for collecting and reporting allied health data at a local level including:
 - Consistent data collection;
 - Promotion of consistent software for measuring patient outcomes/experience;
 - Clear expectations of safe and secure storage and data sharing.

Finally, to support improved Allied Health workforce planning, an extension of the GP Workforce Planning and Prioritisation Program (GP WPPP) should be considered to support workforce planning for allied health professional training to support multidisciplinary team care. This would build on the role played by consortia of PHNs in the current GP WPPP initiative, in order to:

- Capitalise on the ability of PHNs to assess population health needs;
- Leverage their local knowledge of primary health care provider capacity and
- Prioritise communities that would benefit from GP Registrar placements and identifies where other workforce solutions would be more appropriate.

Introduction and Background

Purpose of the paper

This policy paper has been prepared by the PHN Cooperative to set forth the challenges and opportunities in relation to the availability and use of data about the allied health workforce in the Australian primary care sector. It considers:

- Current knowledge of the supply, activity and impact of the allied health workforce in the sector to progress the Government's Strengthening Medicare agenda;
- current challenges for professionals, PHNs and other stakeholders in accessing and sharing data needed for planning, integrating and supporting allied health professionals, and;
- opportunities which could be harnessed to provide the essential pillars of workforce data to optimise the role of allied health professionals within multidisciplinary teams
- potential for leveraging the GP Workforce Planning and Prioritisation Program (GPWPPP).

The PHN Cooperative was formed in 2017 by the CEOs of the 31 PHNs. It is a joint initiative of the PHNs and a commitment to collaboration and delivering on the national agenda in primary health priority areas.

This policy paper supports implementation of the National PHN Allied Health in Primary Care Engagement Framework (the Framework)¹. Another policy paper is concurrently being prepared by the PHN Cooperative, under the Framework, on Models of Integrated Care and Funding for the Allied Health Workforce in Primary Care. Both papers are intended to help inform the preparation of the First National Allied Health Workforce Strategy by providing a primary care perspective on data challenges which will be fundamental to its implementation.

Whilst there is a need for better data on the allied health workforce generally, the scope of this policy paper focuses on the workforce data needs associated specifically with allied health professionals working in primary care, as defined below.

The National PHN Allied Health in Primary Care Engagement Framework

The Framework has been developed by the PHN Cooperative with the intention of strengthening engagement between PHNs and the Allied Health sector, and to promote collaborative ways of working towards an integrated health system. Effective data is crucial to all areas of the Framework; however, this paper focuses on two of the priority areas identified within the Framework:

- **Priority 4** - Data, quality, and digital maturity: building and sharing the evidence base on Allied Health care outcomes and impact, developing standards-based data sharing to support quality and consistency of care, and working with stakeholders to advocate for and support better integration of Allied Health into data and digital systems.
- **Priority 5** - Workforce and access to Allied Health care: collaborating with Federal, State, Allied Health, and education stakeholders (across health and adjacent sectors including disability and aged care) to develop and implement strategic approaches to workforce planning and development based on health needs and service gaps, and optimising utilisation of the existing workforce.

¹ <https://thephn.com.au/what-we-do/allied-health/framework>

The Framework identifies the importance of effective workforce data to support workforce planning, optimise utilisation of the existing workforce, and demonstrate impact and quality of allied health involvement in primary care.

Defining the Primary Care Allied Health Workforce

Defining the allied health professionals working in primary care about whom data is needed is itself a challenge. The allied health workforce includes both APHRA regulated and self-regulated allied health professionals, at least 25 professions, and is spread across a range of sectors including hospital services, aged care, disability support, and education as well as primary care. Many, or possibly most allied health professionals who work in primary care also work in other sectors.

The Australian Government Department of Health recognises allied health professions that have all the below:

- a university qualification accredited by a relevant national accreditation body
- a national professional organisation with clearly defined membership criteria
- clear national entry-level competency standards and assessment processes
- autonomy of practice
- a clearly defined scope of practice².

The Allied Health Professionals Association (AHPA) suggests that despite the lack of a universally accepted definition of allied health professions, there is general agreement on the following principles. “Allied health professionals are health professionals that are not part of the medical, dental or nursing professions. They are university qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. Allied health practitioners often work within a multidisciplinary health team to provide specialised support for different patient needs³.”

For this paper, a primary care allied health professional is defined as a professional who meets the above criteria identified by AHPA, but also identifies as working or intending to work within the primary care sector either partially or primarily. The definition recognises that many allied health professionals will work across sectors, particularly in areas of lower population density.

An inclusive approach to identifying the allied health professionals who make up the primary care allied health workforce is appropriate given consumer needs in primary care generally require particular skills rather than specific professionals. For example, allied health assistants can assist with preliminary assessments, with coordinating treatment plans and providing care and support under the supervision of allied health professionals. The inclusion of allied health assistants in multidisciplinary teams will help to ensure that all team members are enabled to work to scope of practice, particularly in thin markets.

However, there is a subset of allied health professionals who currently provide most allied health services in primary care. For sequencing the implementation of reform, it may be most appropriate to define the primary allied health workforce broadly but target initial activity to build capacity for integrated service delivery to particular professions known to already be active within primary care, potentially drawing on MBS data and PHN experience. This would include both AHPA and self-regulated professions.

² <https://www.health.gov.au/topics/allied-health/about>.

³ <https://ahpa.com.au/what-is-allied-health>

The Need for Change

The National Policy Context and Imperative

Having a strong, well planned and integrated primary care allied health workforce will be vital to achieve the visions and reforms set forth in recent national policies for the future of primary care. Several key recent reports, strategies under development and new Government measures have highlighted the need to improve data on the capacity of the workforce, its current activity, capabilities and the impact of services in order to plan and implement these reforms.

The Strengthening Medicare Taskforce Report offered a vision for primary care within which:

- “coordinated multidisciplinary teams of health care professionals work to their full scope of practice to provide quality person-centred continuity of care, including prevention and early intervention; “and,
- “data and digital technology are better used to inform value-based care, safely share critical patient information to support better diagnosis and healthcare management, empower people to participate in their own health care, and drive insights for planning, resourcing, and continuous quality improvement.”⁴

The Multidisciplinary Team Care Initiative and also the expansion of the Medicare Mental Health Centres network arising from the Budget Measures will require effective data to support planning, integrating and measuring the impact of allied health workers as part of the team. This is discussed later in this paper.

The Independent Review of Australia’s Regulatory Settings Relating to Overseas Health Practitioners Final Report (the Kruk Review) recommended the need for developing a national workforce strategy for allied health (Recommendation 18). The report identified a significant lack of national, state and regional data needed to assist with planning for current and future needs. It estimated that Australia would need an additional 27,000 allied health professionals by November 2026 (p.23).⁵ It also noted there was no single nationally consistent allied health dataset and the importance of cross sectoral workforce strategies encompassing health, aged and disability care sectors. The data gaps identified in this report reinforce the findings in the 2022 Allied Health Workforce Data Gaps Analysis Issues Paper.⁶

The First National Allied Health Workforce Strategy is under development by the Australian Government Department of Health, responding to the recommendation from the Kruk Review.

The Australian Government is working with state and territory governments to develop the Strategy which is intended to:

- help to address national allied health workforce issues, including the shortage of allied health professionals in Australia and
- consider how these issues vary across the allied health sector so we can better align the supply of allied health professionals with current and future needs.

Core to this Strategy will be consideration of data required to identify and address the shortage of health professionals. This will be needed to plan for the future workforce and to enable the allied

⁴ https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf

⁵ <https://www.health.gov.au/our-work/independent-review-of-health-practitioner-regulatory-settings>

⁶ https://www.health.gov.au/sites/default/files/documents/2022/09/allied-health-workforce-data-gap-analysis-issues-paper_1.pdf

health workforce to effectively and safely communicate with other stakeholders within an integrated service landscape.

Understanding the problem

There are four dimensions to the problems with currently available primary care allied health workforce data and information.

1. **Supply data available** on the overall allied health workforce is sparse, variable and not available at the regional level. There is no single consolidated workforce dataset. The National Workforce Data Set held by APHRA only collects data on 16 registered allied health professions. Self-registered allied health professions including social work, speech pathology, dieticians and exercise physiology, whilst important to primary care, are not included in this data set. This provides a significant barrier to primary care planning activity and to efforts to build capacity or partnerships, or to promote referral pathways. It also provides barriers to workforce planning at the national level.
2. **Activity data** to inform understanding of which professionals are providing what services to whom is not consistently available. Medicare data, based on allied health MBS items, is patchy and provides an incomplete picture. In addition, only a subset of allied health professionals is eligible for MBS provider numbers. Reports on the number, type and location of services provided is not comprehensively available. Nor is it clear how many allied health professionals are working in primary care as opposed to the disability, aged care, children's services or acute care sector. There are a broad range of funders of allied health.
3. **Data on the outcomes and patient experience of care** is not universally collected by allied health professionals and is not generally available to support continuous quality improvement or to provide evidence of their impact and contribution to primary care.
4. **Digital capacity and data safety in the allied health sector has not been sufficiently developed** to support consistent and secure data collection, storage and sharing needed for multidisciplinary care. GPs are unlikely to be prepared to share patient information needed for integrated team care if there are interoperability issues with allied health clinical software as they can not be confident that secure arrangements for protecting and communicating the information is not in place.

Together these limitations mean that the information and data sharing needed by PHNs and allied health professionals at a regional level to optimally engage allied health professionals in primary care and advance models of integrated multidisciplinary care is not available.

Allied Health Data Availability and Needs in Primary Care

What data is currently available?

Supply Data - The National Health Workforce Dataset⁷ provides information about 16 registered allied health professions including physiotherapy, occupational therapy, podiatry and psychology. In addition to the total number registered, this covers information such as sex, place of birth,

⁷ <https://hwd.health.gov.au/resources/information/nhwwds.html>

Aboriginality, average weekly hours worked, age, and the proportion in metropolitan areas. An example is provided of the information for physiotherapy below at Figure 1.

There is, however, no similar consolidated data source for those professions that are self-regulating. This includes professions such as speech therapy, social workers, exercise physiologists and dietitians. Proxy data sources used for these professions include Peak Association surveys and membership data, ABS Census information, the ABS Labour Force survey and even ATP tax return statistics.

The current data deficits regarding the allied health workforce include the following:

- Whether or not they are active
- Whether they are full or part time
- Where and how they work – specialisation, sectors etc
- How they are funded
- Their skills, credentialling, or training needs.

At a local level several PHNs have established engagement strategies which have enabled them to build data bases on which regional allied health professionals can register information about their location, skills and areas of professional interest. These databases are invaluable for providing a picture of the allied health professional primary care workforce but also supporting communication and referral pathways.

Activity data on the allied health professionals most likely to be working in primary care is even less consistently available. Medicare data is possibly most useful in the mental health space where a significant number of services are provided under the Medicare mental health items by psychologists, social workers, and occupational therapists.

Chronic disease Medicare items also provide some information. We know from this data that overall, the proportion of the population using these services in regional and metropolitan PHNs was similar, sitting at 39%. We also know there is consideration range of variation in regional PHNs from 26% in Northern Territory and Western Queensland PHNs to 43% in the North Coast NSW, and similar variation within metropolitan PHNs. However most allied health providers are not likely to be registered for providing Medicare services and mental health services are likely to be over-represented in this data.⁸

PHNs maintain a minimum data set for mental health services, including allied health services as part of mandatory reporting to the Department of Health and Ageing. However, given to date there has not been a single continuous federal government program for engaging allied health services more broadly in multidisciplinary care, a single minimum data set has not been established.

⁸ <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-care-2022-23/contents/allied-health-services>

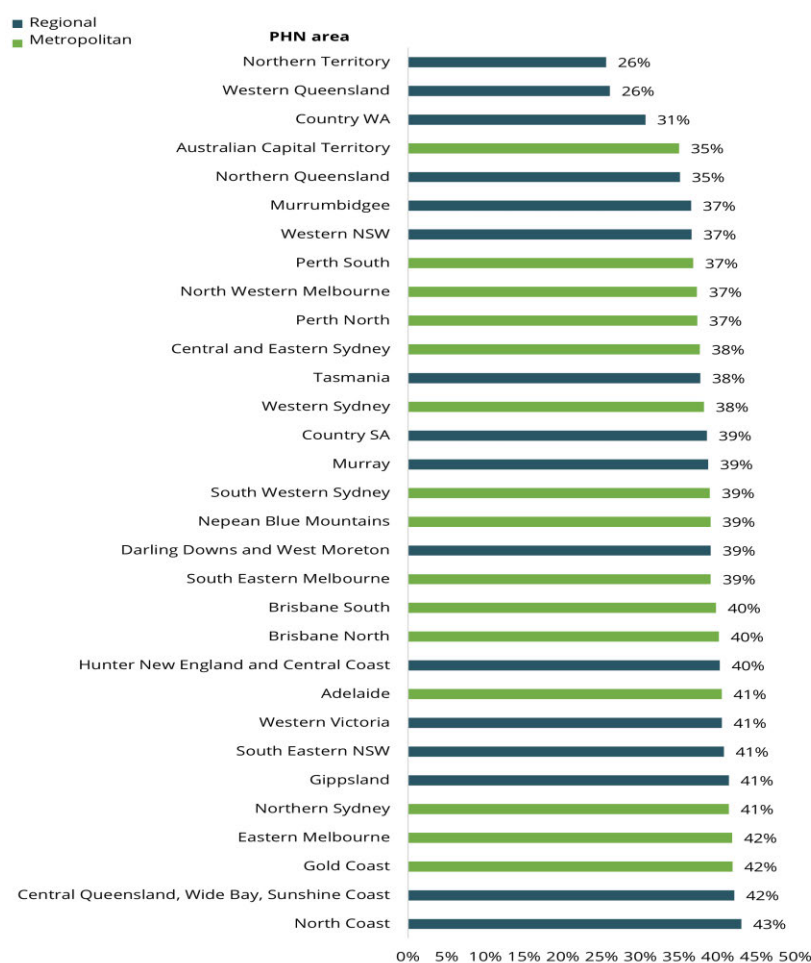


Figure 1 - Proportion of Population using Medicare-subsidised GP, allied health and specialist health care across PHN areas: 2022-23 ⁹

Demand data needed for planning purposes should include information on:

- Needed skills or professions,
- The types of services that are likely to need allied professionals, and
- If possible, how many professionals are needed based on population needs (e.g. x per 100,000).

Where future demand has been estimated at a national level (e.g. Kruk Review), this may have assumed current models of service delivery and may not have taken account of the increased role of allied health professionals involved in proposed national primary care reform. A more evidence based and systematic approach to estimating future demand, informed by current pilots of multidisciplinary care and other allied health activity is needed.

Many PHNs are playing a role through regular needs assessments in reporting on service gaps within the region which require allied health professionals. These are generally based on consultation with regional networks of services, community organisations and consumers as well as any data which may be available including from Local Hospital Networks or Districts (LHNs/LHDs) and any available

⁹ <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-care-2022-23/contents/allied-health-services>

AIHW or ABS data. The data from needs assessments is generally qualitative and the approach to reporting on these needs varies across PHNs.

Some States and Territories have an allied health strategy or plan which assesses and models current and future demand for allied health professionals within the acute system and state funded health services. For example, NSW undertakes workforce modelling through mapping current and forecasted labour pool for specific allied health professions against projected health service workforce demand. The modelling covers current and projected headcount, estimated average age of the workforce, percentage of females, percentage aged over 60 and Aboriginality. It also generates advice on career opportunities for undergraduates (limited, reasonable, significant). The fact sheet at Figure 2 provides an example of the information available for each professional group.

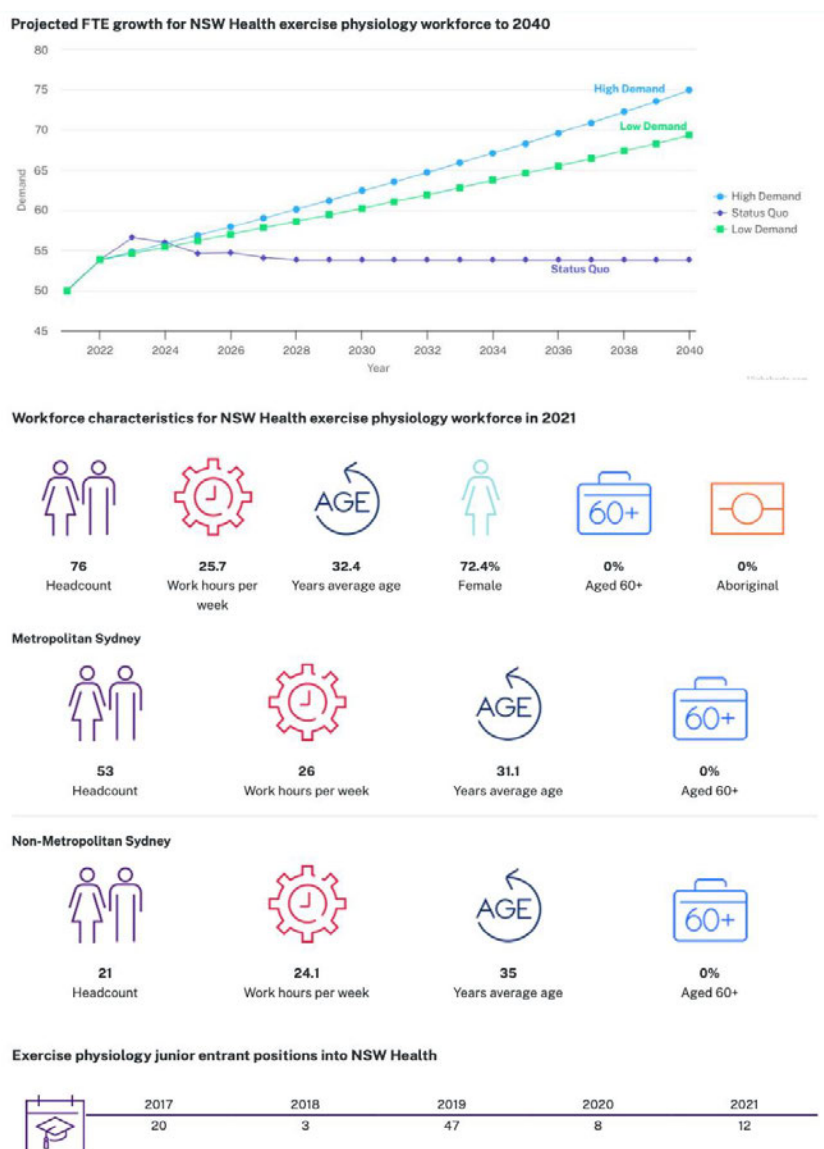


Figure 2 Allied Health Workforce Modelling Fact Sheet – Exercise Physiology¹⁰

¹⁰ <https://www.health.nsw.gov.au/workforce/modelling/Pages/allied-health.aspx>

A Vision for a Data Informed Primary Allied Health Care Sector

Foundational pillars for a data informed Primary Allied Health Care Sector

The overall vision held by PHNs is for a data-informed Primary Allied Health Care Sector supported by consistent and secure data required to enable workforce planning, service planning, commissioning and evaluation, and to support integration of allied health services into multidisciplinary team care.

To achieve this vision, the following **core foundational pillars** and **enablers** need to be in place.

Foundational pillars				
A single national data base on the allied health professional workforce	A digitally capable allied health workforce with safe and secure means of patient data storage and sharing	Regional level data on supply, skills and location of allied health providers informed from national collections and local AH engagement strategies	Minimum data sets are in place to record consistent activity data	Continuous quality improvement is supported by patient outcome and experience data and evaluation.
Enablers				
Resourced national data collection supplemented, if possible, by surveys	Resourcing and supporting the allied health workforce to build digital capacity	Partnerships across sectors and between PHNs and professional groups	Participation by the Allied Health workforce in My Health Record reforms	Resourcing PHN capacity to plan, coordinate and support allied health data reforms at a regional level.

Possible Expansion of the GP Workforce Planning and Prioritisation Program

Under the GP Workforce Planning and Prioritisation Program (GP WPPP) Workforce Planning and Prioritisation Organisations (WPPOs) were established to provide guidance and recommendations regarding GP workforce and training needs. This informs GP Registrar distribution targets for General Practice training programs. Consortia of PHNs in the ACT/NSW, Queensland, Victoria and Western Australia undertake the WPPP workforce planning and prioritisation role in their respective jurisdictions. PHNs are well placed to undertake this role as it aligns well with their core functions and their interest and priority in the primary care workforce.

PHNs could potentially play a similar role in relation to planning more broadly for the allied health workforce requirements of multidisciplinary teams in general practice and primary care settings, building upon the role and infrastructure of the WPPP program. PHNs could utilise insights from annual health needs assessments to supplement information available from professional organisations and the National Health Workforce Data Set to support a place-based approach to

planning training needs. Given the importance of multidisciplinary teams to achieving primary care reform, this could be a significant opportunity for future workforce planning.

The PHN Cooperative Paper entitled Workforce Planning & Prioritisation Program PHN Strategic Positioning Paper¹¹ expands on the capability and capacity that PHNs have developed through their leadership and contribution to the GP WPPP. It explains that the Program has enabled PHNs to develop a methodology that:

- Capitalises on their ability to assess population health needs;
- Leverages their local knowledge of primary health care provider capacity and
- Prioritises communities that would benefit from GP Registrar placements and identifies where other workforce solutions would be more appropriate.

Moving forward with action

To deliver the allied health workforce data needed for primary care reform, the following actions are required at a national, regional and provider level.

Systemic change at the national level

At a national level, the following system changes are needed:

- A single nationally consistent allied health data set is needed to provide a clear picture of the overall supply of the allied health workforce (as recommended by the Kruk review), with clarity regarding data ownership, custodianship and access.
- The capacity for reporting on this data set at a regional level to provide needed information to PHNs and other agencies for planning, supporting and commissioning services. Australian Institute of Health and Welfare regional reports to PHNs on mental health workforce and activity is a good example of this sort of regional reporting.
- Priority should be given to working with self-regulating professions to ensure a consistent approach to data-gathering and registration for the allied health workforce, including supporting a role of PHNs in use and storage of regional allied health workforce data.
- A commitment to investment in collection and reporting data on the allied health workforce, including surveys to inform the reform agenda of the Australian Government across health and other sectors.
- Activity underway through the Australian Digital Health Agency to support the participation of allied health professionals in My Health Record should be considered in implementation of actions to improve activity level data in a secure and safe manner.
- National evaluation of the Multidisciplinary Team Care initiative through PHNs should encourage use of consistent software and measurements to explore the impact of inclusion of allied health professionals integrated into team care versus traditional approaches to service delivery.
- Implementation of the National Digital Health Strategy should continue to give priority to ensure that within the allied health workforce there is.
- Policy and regulatory settings to cultivate digital health adoption by allied health professionals.
- Support for secure, fit for purpose and connected digital solutions; and

¹¹ Workforce Planning & Prioritisation Program: PHN Strategic Positioning Paper, PHN Cooperative

- A digitally ready and enabled health and wellbeing workforce.
- Arrangements for cross-sectoral data sharing and cooperation needs to be supported by funders to help inform shared planning of allied health workforce needs in primary care, state funded health services, and the aged and disability sectors.

Regional level action

At a regional level, PHNs can play a significant role in role in coordinating, planning and promoting safe and fit for purpose data collection, if the following actions are implemented:

- An agreed regional allied health workforce data framework is needed to authorise PHNs as custodians of local allied health workforce supply and activity data and support their role in planning, capacity building and evaluation and to clarify expectations of safe storage and sharing of workforce and deidentified patient data;
- Resources and comprehensive funding are required to enable PHNs to support allied health professionals working in primary care to build professional networks and digital capacity, including safe messaging and storage systems and digitalising patient reported measures of care;
- Through regional allied health engagement strategies, PHNs should consider establishing local data bases through which allied health workers can voluntarily register their details to promote networking, communication, and support, but also build local knowledge of supply;
- Qualitative and quantitative data collected by PHNs on allied health workforce gaps and future needs through needs assessment should be utilised through an extended GP WPPP program to enable a place-based approach to planning the allied health professional workforce to deliver multidisciplinary primary care;
- The implementation and evaluation of the Multidisciplinary Team Care initiative through PHNs should:
- Support allied health professionals to use consistent software and measurement to support collection of data on patient outcomes and experience; and
- Gather consistent data to explore the question of whether the impact of allied health services on outcome of care for patients with chronic disease is greater when the services are provided within a multidisciplinary team.

Sequencing Change

The changes recommended in this policy paper will take time and will require short and longer term action.

An immediate priority is to lay the groundwork for reform which is underway or to optimise opportunities through parallel reform. This includes addressing the data needs and opportunities associated with the Multidisciplinary Team Care arrangements under Strengthening Medicare reform, and with My Health Record initiatives underway through the Australian Digital Health Agency. To underlay this, a national project is required to develop a regional allied health workforce data framework to authorise and support PHNs in leading the consistent collection, storage and sharing of allied health data at a local level.

The development of the First National Allied Health Workforce Strategy should give priority to establishing a single allied health workforce data set to inform workforce and service planning, commissioning, professional collaboration and evaluation. To support regional level planning, drawing on local knowledge, consideration should be given to extension of the GP WPPP to support workforce planning for allied health professional training.

Recommendations

The following recommendations relate to the support of the Allied Health workforce in gathering and safely sharing data in clinical practice:

- Support should be provided through PHNs to allied health professionals participating in Multidisciplinary Team Care Pilot arrangements to:
 - digitally collect and safely share patient activity and patient experience data in a consistent way using common software.
 - gather data to explore the question of whether the impact of allied health services on outcome of care for patients with chronic disease is greater when the services are provided within a multidisciplinary team.
- Dedicated staff positions should be provided to PHNs to enable support for the allied health workforce and to offer a conduit to GPs and other stakeholders.
- The roll out of My Health Record through the Australian Digital Health Agency should give priority to registering allied health professionals and supporting them in the collecting and sharing of patient data with GPs and other providers.
- Partnerships should be facilitated between PHNs and allied health professional peaks to enable provision of data about supply, location and professional interests of allied health professionals at regional level.

The following recommendations relate to developing clearer national and regional data about the allied health workforce, and developing data storage and access arrangements:

- Consideration should be given to a one off survey of allied health professionals involved in primary care to provide a baseline of data on supply, location and specialty of professionals.
- A single national allied health workforce dataset should be developed that can be increased and developed over time.
- An authorising environment should be developed and resources should be provided for use and storage of de-identified data collection by PHNs or other appropriate regional entities to inform planning, evaluation and continuous quality.
- A regional allied health data framework should be developed for collecting and reporting allied health data at a local level including:
 - Consistent data collection;
 - Promotion of consistent software for measuring patient outcomes/experience;
 - Clear expectations of safe and secure storage and data sharing.

Finally, to support improved Allied Health workforce planning, an extension of the GP Workforce Planning and Prioritisation Program (GP WPPP) should be considered to support workforce planning for allied health professional training to support multidisciplinary team care.

- This would build on the role played by consortia of PHNs in the current GP WPPP initiative, in order to:
 - Capitalise on the ability of PHNs to assess population health needs;
 - Leverage their local knowledge of primary health care provider capacity and
 - Prioritise communities that would benefit from GP Registrar placements and identifies where other workforce solutions would be more appropriate.