



National Allied Health Workforce Strategy

March 2025

Part One: Introduction

1. Is there anything missing in the Introduction that could assist in explaining the rationale for a National Allied Health Workforce Strategy?

Yes.

Please explain and provide recommended changes:

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice clinics to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha welcomes the opportunity to provide feedback on the draft National Allied Health Workforce Strategy. We acknowledge the extensive work undertaken in developing this strategy and support its focus on strengthening and sustaining the allied health workforce.

AdPha recommends the following additions in the Introduction of this Strategy:

- **Inclusion of key practice settings:** The draft Strategy acknowledges the diverse sectors in which allied health professionals practice; however, it does not explicitly mention Transitions of Care, Aboriginal Health Services, and virtual care settings. These are significant areas of the healthcare system where allied health professionals, including pharmacists, play critical roles in ensuring patient safety, continuity of care, and improved health outcomes. Their omission may lead to an incomplete representation of the allied health workforce's touchpoints and impact across the system.
- **Defining 'Allied Health Professionals':** While we understand there is no universally agreed definition of 'Allied Health Professionals,' the draft Strategy should aim to

provide a clear and inclusive definition. A defined scope would support more effective workforce planning, policy development, and recognition of the allied health workforce's contributions.

- **Recognition of Allied Health Assistants (AHAs):** The draft Strategy notes that AHAs are not within scope. However, AdPha strongly advocates for their inclusion, particularly given the critical role that pharmacy technicians play in maintaining the availability and capacity of the pharmacy workforce. Excluding AHAs risks undermining effective workforce planning for allied health professionals by failing to account for the significant contribution of the AHA workforce and their impact on the capacity of the allied health professional workforce. Furthermore, as scope of practice expands for allied health professionals, the same occurs for AHAs, a necessity and reality as capacity and value is expanded in the healthcare workforce. The scope of practice for allied health professionals and their associated workforce exists on a continuum, and pharmacy technicians are currently undertaking tasks that used to be squarely within the domain of pharmacists. For example, in parts of Australia, pharmacy technicians are checking dispensed prescriptions for accuracy, undertaking medication history-taking and reconciliation on patient admission to hospital, providing bedside medication management services on hospital wards, undertaking complex compounding of chemotherapy and gene therapy, and supporting the design, optimisation, testing and rollout of electronic medical records.
- **Data representation for the pharmacy workforce:** Pharmacy is one of the largest allied health workforces in Australia, yet pharmacists are not represented in the cited statistics regarding Medicare-subsidised services due to their lack of MBS eligibility. Services provided by pharmacists are largely funded via the Community Pharmacy Agreements (CPAs), the Commonwealth-funded pharmacy programs which will likely be packaged into a forthcoming Pharmacy Program Agreement and indirectly through the National Health Reform Agreement (NHRA). To ensure a more inclusive and representative measure, we recommend incorporating an additional statistic that represents the breadth of this funding, as well as statistics around the volume or expenditure of PBS-subsidised medicines which are dispensed by pharmacists, to acknowledge the extensive role of pharmacists in medication management and patient care.

2. Do you agree with the Vision statement?

Agree.

Part Two: Policy Contexts

3. Do you agree with these policy contexts?

Reforms to regulation

Neither agree nor disagree.

Future workforce-capabilities

Neither agree nor disagree.

Cross-sectoral policy alignment

Agree.

What changes would you make to Reforms to regulation?

Policy Context One: Reforms to regulation should emphasise the need for ongoing review and responsiveness to policy and regulatory changes that impact the allied health workforce. In addition to the reforms outlined, the Strategy should acknowledge that current discussions around the future of the pharmacy internship year as it will have significant implications for workforce supply. Ensuring that such regulatory and policy shifts are continuously monitored and incorporated into workforce planning will be critical to maintaining a sustainable and adaptable allied health workforce.

This section should also call out that jurisdictional variations exist for allied health professionals, which is most definitely the case for pharmacists and pharmacy technicians. Any intentions to reform regulation of allied health professionals and their practice, must take into account how this can be achieved with jurisdictional variation. For the pharmacy sector, this mainly involves drugs and poisons legislation and regulation, and any other legislation or regulation that impacts on expanding scope of practice. A goal for this strategy should be to make regulation across Australia consistent to ensure that patients can receive a consistent healthcare experience, as they expect.

What changes would you make to Future workforce-capabilities?

Policy Context Two: Future Workforce Capabilities should emphasise the importance of embedding multidisciplinary and team-based care education at the undergraduate level. Early exposure to collaborative practice will enhance awareness, respect, and understanding of each allied health profession's role, ensuring graduates are equipped to work effectively in team-based models for optimal patient outcomes.

Additionally, the Strategy should acknowledge that some allied health professions, such as pharmacy, are undergoing rapid and ongoing changes in scope, roles, and practice settings. It is essential that workforce planning includes mechanisms to recognise and adapt to these shifts, ensuring allied health professionals are kept informed of evolving roles across the sector and empowered to integrate into changing models of care. Strategies must support continuous professional development and cross-discipline learning to maintain a cohesive

and responsive allied health workforce.

4. Are there other policy contexts that could be considered for this section?

Additional Policy Contexts:

- **Investment in the Allied Health Workforce** – Ensuring a sustainable allied health workforce requires long-term investment in workforce education, training pathways, supervision capacity, and retention strategies. While the draft Strategy addresses workforce planning, it does not explicitly outline the need for sustained investment to address workforce shortages, particularly in regional, rural, and remote areas. A dedicated policy context on workforce investment would ensure these long-term funding and policy commitments are embedded in the Strategy.
- **Remuneration of services provided by individuals** – The remuneration structure for allied health professionals varies across settings, funding models, and professions, impacting workforce retention, career progression, and access to services. Many allied health professionals, including pharmacists, are unable to provide services subsidised on the MBS and do not have MBS items specific to their practice, creating disparities in recognition and financial sustainability of services. A policy context on remuneration reform would highlight the need to review and align payment structures to support optimum patient outcomes and a sustainable and equitably funded allied health workforce.
- **Funding models of care** – The way allied health services are funded—whether through block funding, fee-for-service, bundled payments, or new team-based funding models—directly impacts service delivery and workforce distribution. The current Strategy discusses workforce mobility and integration but does not explicitly address how funding models can enable or hinder access to multidisciplinary care and workforce sustainability. Including a policy context on sustainable funding models would ensure that allied health professionals, including pharmacists, are integrated into evolving models of care and that funding aligns with best-practice service delivery.

Part Three: Priorities

5. Do you agree with the Priorities and their associated actions?

Priority 1: Enhance the impact of allied health professionals

Neither agree nor disagree.

What changes would you make?

Action 1.1 acknowledges that even within a single allied health profession there is diversity in skills and specialisation. This has long been evident among hospital pharmacists and is increasingly common among pharmacists practicing in other care settings. In pharmacy,

specialised roles include pharmacotherapy experts, medication safety, quality use of medicines, stewardship and governance pharmacists, and clinical pharmacists with expertise in therapeutic areas such as oncology, neurology, and respiratory care. However, there is limited transparency and sharing of this information, leading to a lack of awareness among other health professionals about an individual's specialised expertise.

Leadership from regulatory bodies such as the Australian Health Practitioner Regulation Agency (AHPRA) is essential in facilitating recognition of skills and capabilities of their workforces. Acknowledgment of post-graduate qualifications and credentialing diverse skills and specialties within a health professional's registration is pivotal. This recognition cultivates trust among other health professionals and patients, enabling health professionals to work to their full scope of practice. It also allows for health professionals to seamlessly transition across different health services and jurisdictions, removing the need for recredentialing.

[The Australian and New Zealand College of Pharmacy \(ANZCAP\)](#), Australia's largest recognition body for specialty and advanced pharmacy, delivered by AdPha, currently recognising the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across 46 specialty areas of practice, is a step in the right direction. However, leadership from regulatory bodies is imperative to further support all health professionals to contribute their unique skills to patient care, leading to more tailored and effective interventions.

Action 1.3 should not only refer to funding models to better facilitate integration of allied health professionals into broader healthcare teams but to also support appropriate workforce ratios are observed as a means of ensuring safe and high-quality care. In the pharmacy workforce, Advanced Pharmacy Australia Clinical Pharmacy Standards and Standards of Practice Series outline recommended pharmacist-to-patient ratios that are essential for safe and effective medication management. These workforce ratios are used for benchmarking and should be embedded into funding calculations to ensure cost projections accurately reflect the investment required for safe service delivery.

Priority 2: Improve national allied health workforce data and planning

Neither agree nor disagree.

What changes would you make?

Action 2.3 highlights the need for nationally consistent allied health workforce supply and demand data, however, the Strategy should explicitly recognise the evolving nature of workforce demand in certain professions, such as pharmacy.

Pharmacists are not only experiencing increased demand in traditional settings (e.g., hospital pharmacy and community pharmacy as bed numbers and practices grow), but they are also expanding into new and emerging care models. This includes virtual healthcare models, the Commonwealth's Aged Care Onsite Pharmacist (ACOP) program, GP practice-based roles, Aboriginal Health Services (AHS) as supported by the [Medical](#)

[Services Advisory Committee's \(MSAC\) positive assessment of the Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management \(IPAC\) project](#), and other innovative service models. Given the dynamic nature of pharmacy's role in healthcare, workforce planning must be forward-looking and adaptable to account for ongoing and future shifts in care settings.

A robust national workforce data framework should not only capture these evolving roles but also leverage data from AHPRA registrations to predict the professional lifespan of allied health professionals in the workforce. Understanding workforce attrition, career longevity, and transition points will enhance workforce planning efforts and help ensure sustainable service delivery.

Additionally, AdPha is currently developing *The State of Pharmacy: Workforce Insights 2025*, a hospital pharmacy workforce survey designed to provide a comprehensive overview of the advanced pharmacy workforce—including those delivering services in and related to hospitals—and its contribution to the Australian healthcare system. The survey findings will support workforce planning across jurisdictions, and AdPha welcomes the opportunity to contribute this data to the Implementation Plan to help realise the Strategy's objectives.

Priority 3: Build a sustainable allied health workforce

Neither agree nor disagree.

[What changes would you make?](#)

Action 3.1 should address the importance of attracting secondary school students into allied health university degrees. A strong and sustainable allied health workforce requires a clear pipeline of students progressing through university programs, ensuring a steady supply of graduates across all professions.

Additionally, greater geographical distribution of allied health degrees across jurisdictions is essential to address workforce shortages, particularly in regional, rural, and remote areas, where training locally increases the likelihood of graduates remaining in these communities.

Action 3.2 should emphasise the critical role of clinical educators and supervisors in ensuring placements are meaningful and achieve intended learning outcomes. Without adequate supervision and structured learning environments, placements risk becoming observational rather than hands-on, skill-building experiences. To address this, there must be dedicated funding for clinical educator roles to support high-quality supervision across all settings.

Additionally, this action should recognise the importance of acute care and rural and remote placements for allied health students. Doctors and nurses train in acute care settings, and the same expectation should apply to allied health professionals. Acute care provides exposure to the most critically unwell and complex patients, offering

invaluable experience in multidisciplinary collaboration, high-pressure decision-making, and comprehensive patient management.

Action 3.4 should explicitly include remuneration-related barriers, such as those embedded in enterprise bargaining agreements (EBAs) and award structures. Currently, these frameworks do not adequately recognise advanced practice credentials, such as ANZCAP recognition. The absence of appropriate financial and career progression incentives for highly skilled allied health professionals contributes to workforce attrition and limits the retention of expertise in the sector.

To truly address workforce sustainability, the Strategy should support reforms ensuring that remuneration structures align with professional competencies, advanced practice recognition, and evolving scopes of practice. This will not only enhance retention but also strengthen workforce capability and service delivery across the health system.

Priority 4: Grow, support and retain the Aboriginal and Torres Strait Islander allied health workforce

Agree.

Priority 5: Grow, support and retain the rural and remote allied health workforce.

Neither agree nor disagree.

What changes would you make?

Action 5.1, drawing on comments made earlier under Action 3.1, greater geographical distribution of allied health degrees across regional, rural, and remote areas is essential to address workforce shortages as we know that training locally increases the likelihood of graduates remaining in these communities.

Action 5.2 should encourage a partnership between large metropolitan public and private hospitals and smaller regional and rural hospitals, to support their students, interns, and early allied health career professionals to undertake a six-month rotation at these sites. This model, which already exists between The Alfred in Victoria and both Central Gippsland Health (Vic) and Alice Springs Hospital (NT), is a means of ensuring efficient workforce distribution and bolstering the capacity of regional healthcare facilities, whilst also upskilling pharmacists practicing in metropolitan areas and enhancing their skills and experience.

6. Do the five Priorities cover the key allied health workforce issues that can be addressed at a national level?

Yes.