



Health Services Union

SUBMISSION:

Core Skills Occupation List

May 2024

About the HSU

The Health Services Union (HSU) is one of Australia's fastest growing unions with over 100,000 members working in the health and community services sector across the country.

Our members work in aged care, disability services, community health, mental health, alcohol and other drugs services, private practices and hospitals. Members are health professionals, paramedics, scientists, disability support workers, aged care workers, nurses, technicians, doctors, medical librarians, clerical and administrative staff, managers and other support staff.

You can find us at hsu.net.au

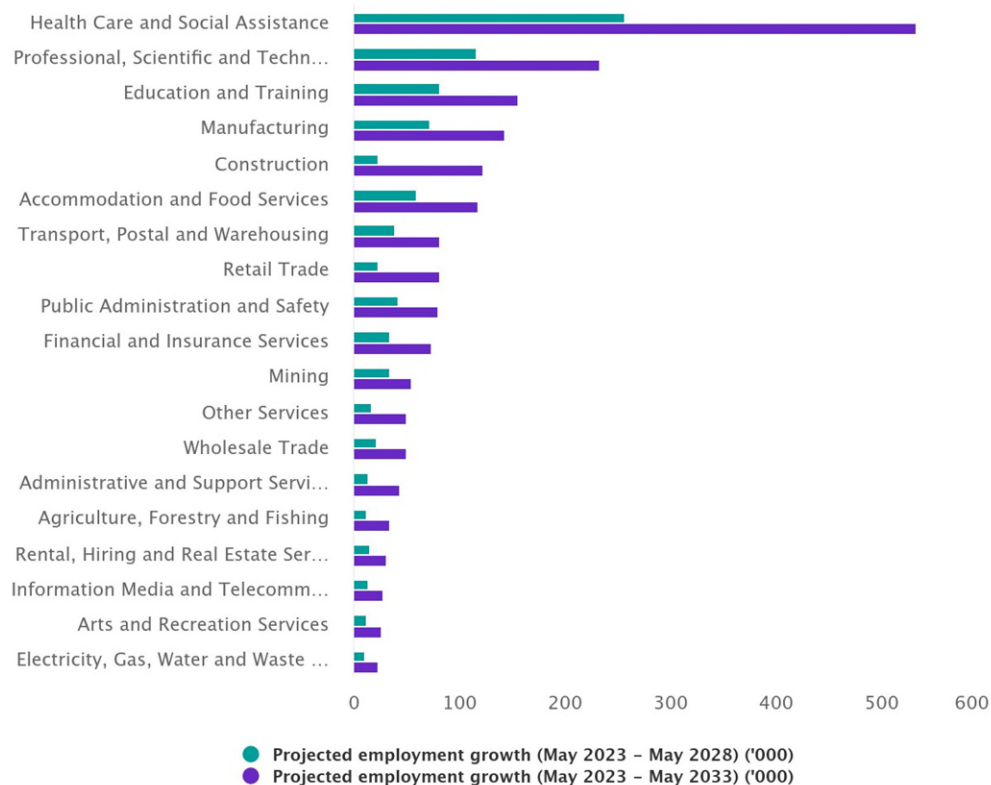
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The HSU calls for workforce development for Allied Health workers

We note the presence of many Allied Health roles on the Cores Skills Occupation list. Many of our members are Allied Health workers, in every state.

The HSU recognises that skilled migration plays an important role in filling critical workforce shortages in this area. 25,000¹ Allied Health workers are needed by 2033 to ensure quality care is provided in the care and support sector. Further, this is an issue for the wider health care and social assistance sector as evidenced by Jobs and Skills projections for the next 5 and 10 years, which projects employment growth of more than 500,000 roles.² Allied Health, as a central part of the care and support economy, needs to be prioritised.



Allied Health workers also represent the largest growth in Full-Time Equivalent workers compared to other registered health practitioners e.g. registered nurses and dental practitioners, with an approximate 40 percent increase in the period 2015-2020.³

Investing in the Allied Health workforce now will deliver considerable economic and social returns. Studies have shown that Allied Health interventions can generate significant savings for governments and healthcare providers. For example, early intervention post-stroke with an occupational therapist, speech pathologist and physiotherapist can reduce the number of admissions from hospital to residential aged care by over 5,000 per annum with a cost saving to

¹ [Not enough allied care workers to meet aged care standards | Aged Care Insite](#) Aged Care Insite “Not enough allied care workers to meet aged care standards”, accessed 6/5/24

² <https://www.jobsandskills.gov.au/data/employment-projections> Employment Projections, Jobs and Skills Australia, accessed 6/5/24

³ <https://www.aihw.gov.au/reports/workforce/health-workforce> Australian Institute of Health and Welfare, health workforce, 2020, accessed 25 July 2023.

the Government of \$22.6 million per annum.⁴ Despite the need for, and benefits of, Allied Health workers being integrated in our health workforce, evidence shows they are undersupplied in our health system. This is exacerbated in regional, rural and remote areas.⁵

Surveys of Allied Health workers conducted by unions and other peak representative associations show concerning trends and experiences. For example, a November 2022 survey of 279 Allied Health workers in residential aged care found 37% of respondents had experienced involuntary job loss (redundancy) or reduced working hours and a further 30% of respondents cited these reasons, job insecurity and quality of care concerns as the impetus to stop working in aged care.⁶

A 2020 survey of Allied Health members of the Tasmanian Health and Community Services Union (the Tasmanian branch of the HSU), supplemented by academic research,⁷ found that Allied Health workers were underrepresented in the health workforce. 58% of survey respondents reported not having time to undertake professional development; 71% reported absences not being backfilled and 77% reported understaffing despite workers being available; and 29% were considering leaving their profession.

Workforce development is needed, with migration focussed on areas of urgent need.

Despite the need for Allied Health workers, there is no workforce planning at the local level and the nexus between need and the university sector is non-existent in Allied Health. The lack of data in this area is a concern, as noted by Allied Health Professionals Australia.⁸ This includes considering how Allied Health is the conduit workforce for reforms, across sectors, designed to keep people out of hospitals or to have shorter stays.

We need more pathways to enable allied health assistants to upskill and move into professional practice, but universities and vocational training are currently treated as largely separate systems. Pathways from Allied Health Assistant to Allied Health Professional are few and far between. Limited work integrated learning opportunities prevent the development of the workforce.

Minister Clare rightfully highlights that unpaid placements are placing cost of living pressures on students.⁹ They are also exacerbating workforce shortages. Jobs and Skills Australia have listed all the below allied health occupations as in nationwide shortage, which all have onerous placement requirements – many outside “nursing and care”:

- Sonographer: minimum of 2000 hours (Australian Sonographer Accreditation Registry),
- Medical Radiation Science: 1400-1600 hours (Medical Radiation Australia),
- Medical Imaging: up to 2500 hours
- Occupational therapists: 1000 hours (World Federation of Occupational Therapy Guidelines)

⁴ Services for Australian Rural and Remote Allied Health, 2019, ‘The impact of allied health professionals in improving outcomes and reducing the cost of treating diabetes, osteoarthritis and stroke’, Report, 2019.

⁵ Cosgrave, C, 2020, “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” *International Journal of Environmental Research and Public Health*. 2020; <https://doi.org/10.3390/ijerph17165815>

⁶ [AHPA-Brief-State-of-Allied-Health-in-Residential-Aged-Care-Survey-Results-December-2022.pdf](#) ‘The state of allied health in residential aged care – Survey Results’ accessed 10/5/24

⁷ Goddard, M, 2020, ‘Demand, Supply, Value: A report on allied health services in Tasmania’.

⁸ [Workforce data and development - Allied Health Professions Australia \(ahpa.com.au\)](#)

⁹ [Cost-of-living support for teaching, nursing and social work students | Ministers' Media Centre \(education.gov.au\)](#)
Ministers Clare and O’Connor media release on paid placements, accessed 6/5/24

- Psychology: 300 hours (5+1 pathway), 1000 hours (Masters) and 1500 hours (Doctorate) (AHPRA)
- Physiotherapy: Ranges from 750-1368 hours (Physiotherapy Council)
- Speech pathology: usually 400 hours

Allied Health does not feature clearly in the Minister's statements about paid placements.

A thorough plan for more local training and development is required. Currently there is an ingrained reliance on migration to fill gaps. The focus must be on short term strategies to boost, and then long-term planning to support, local training and development (and ensuring public health is an employer of choice). Migration must not be seen as the easier alternative to the development of good jobs and careers in the sectors that attract domestic workers.

Equally, quality support that benefits Australian communities can only be provided if both migrant and domestic workers have decent, well-paid jobs with access to skills development and adequate employer support. To protect Australia's ongoing economic prosperity and fairness there needs to be a genuine commitment to workforce development, both to the benefit of domestic and migrant labour, to ensure that migrant labour is not exploited or contribute to worse conditions for domestic labour.

The HSU therefore advocates therefore that the Core Skills Occupation list should be limited to critical areas of need and not be in place of a workforce development programme.

The HSU looks forward to continuing to be a part of these tripartite discussions around migration.