ALLIED HEALTH
Aotearoa New Zealand

Allied Health in Primary Care

September 2018

Allied Health Aotearoa New Zealand

Allied Health Aotearoa New Zealand (AHANZ) is the incorporated society of 25 allied health professional associations, representing the connected voice of 30,000 allied health professionals. AHANZ provides a forum for allied health professional associations to work together to raise their profile and develop reciprocal relationships with health sector and government stakeholders.

Vision: Optimum health and wellbeing for all New Zealanders.

Mission Statement: Ensuring allied health professions are recognised and contribute to their full potential to enable New Zealanders to enjoy health and wellbeing.

AHANZ believes its allied health profession association members can make a valuable contribution to primary care, enabling New Zealanders to enjoy health and wellbeing. However, this is being stifled under the guardianship of general practice.

Allied Health

Allied health is an umbrella term for a large and diverse group of health professionals. Definitions and lists vary considerably but generally do not include medical professions, nursing and midwifery professions, and kaiawhina professions. Allied health professionals, including scientific and technical health professions, actively work with people accessing health and disability services across a wide range of settings. These include private practice, primary care, hospitals, community health centres, non-government and cultural organisations, aged care facilities, leisure and recreation, housing, transportation, education and justice sectors.

The allied health workforce encompasses more than 50 professions, each with its own distinct, specialised body of knowledge and skills. The workforce comprises more than 30,000 individual professionals and represents the second largest clinical workforce in District Health Boards. In their practice, the allied health professionals provide services and engage in activities that may include:

- prevention;
- assessment / evaluation;
- identification / diagnosis;
- treatment;
- rehabilitation / habilitation;
- advocacy;
- promotion of health and wellbeing;
- education;
- research; and
- leadership / management.

Allied health professionals have tertiary qualifications, belong to professional associations, abide by appropriate codes of ethics and standards of practice, and adhere to recognised systems for monitoring ongoing competence.

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There are ten allied health professions regulated by the Health Practitioners Competence Assurance (HPCA) Act 2003.

1. Chiropractic
2. Dietetics
3. Occupational Therapy
4. Optometry and optical dispensing
5. Osteopathy
6. Physiotherapy
7. Oral Health
8. Podiatry
9. Psychology
10. Psychotherapy

Practitioners regulated under the HPCA Act must be registered with the relevant regulatory body that issues annual practising certificates, considers complaints and takes disciplinary action when needed. As at June 2018 our members who are Responsible Authorities account for 14,552 allied health professionals registered under the HPCA Act.

There are also the unregulated health professions with membership to AHANZ. We have no way of accurately identifying the number of health professionals working as unregulated professionals, we estimate there are between 10,000 to 15,000 self-regulated health professionals working across those professions. The total Allied Health workforce is therefore somewhere around 30,000.

To be a member of AHANZ self-regulated professions must:

- Have a relevant tertiary (or equivalent) qualification as defined in s12 (2) (a-e) of the HPCA Act 2003
- Have a recognised system for monitoring ongoing competence
- Abide by professional standards of practice
- Abide by a professional code of ethics
- Have direct contact with service users in fulfilling their role
- Abide by the Allied Health Aotearoa New Zealand Constitution
- Have a robust public complaints process

Self-regulated AHANZ members are:

11. Acupuncture New Zealand
12. Aotearoa New Zealand Association of Social Workers
13. Australian, New Zealand and Asian Creative Arts Therapy Association
14. Hospital Play Specialist Association Aotearoa NZ
15. Massage NZ
16. Music Therapy NZ
17. Nutrition Society of New Zealand
18. New Zealand Acupuncture Standards Authority
19. NZ Audiological Society
20. NZ Board of Dialysis Practice
21. NZ Association of Counsellors
22. New Zealand Orthotics and Prosthetics Association

23. NZ Paramedic Education and Research Charitable Trust
24. NZ Society of Orthoptists
25. NZ Speech-Language Therapists' Association

Workforce and patient data on allied health professionals is under-researched (Foster MM et al), especially for those professions not regulated under the HPCA Act 2003. What limited international research there is indicates several trends:

- Allied health professionals are relatively middle-aged (AIHW).
- Most allied health professions are female-predominant (AIHW).
- Women are more likely to access allied health services, particularly in older age-groups (Foster MM et al).
- People with lower education levels, non-English speaking backgrounds, unemployment are all less likely to access allied health services (Foster MM et al).
- People with diabetes have the highest utilisation of allied health services (Foster MM et al).
- People with other chronic diseases are twice as likely to utilise allied health services as people without chronic diseases (Foster MM et al).

Research from the Australia 2007-2008 National Health Survey data indicated that 24% of people had accessed allied health services (namely physiotherapy, chiropractic, podiatry or dietetic services) in the previous year.

Allied Health and Primary Care Issues

We support the view that our New Zealand health system needs to have the right people, in the right place with the right skills to provide the best care. Our view is however, that the primary care sector continues to work on the antiquated assumption that the most suitable provider is always a general practitioner. This paradigm continues to place the general practitioner (not the patient) at the centre of care, acting as the guardian or gate-keeper and it promotes clinical ownership, something which is at odds with inclusive and interprofessional practice.

If we continue to deliver services in the same manner we cannot expect any changes in outcomes and the burden of chronic disease will become greater. Primary care, and in fact the wider health sector needs to be open to innovation and challenge their current paradigm if it is to be truly patient-centred.

While a Review of the New Zealand Health and Disability Sector is currently underway, the Primary Health Care Strategy (Ministry of Health, 2001) has guided the sector for the past 17 years. The vision of this strategy is for:

"People will be part of local primary health care services that improve their health, keep them well, are easy to get to and co-ordinate their ongoing care. Primary health care services will focus on better health for a population, and actively work to reduce health inequities between different groups."

There is an emphasis within the strategy on

- Health promotion across services to address the health needs from a community perspective;
- Providing access to comprehensive services; and
- A collaborative interprofessional approach to health.

These have clear relevance to the role of allied health in primary care as they work to support health and prevent illness and disability.

There is a substantial body of evidence supporting beneficial patient outcomes from access to allied health services. Early allied health input has shown to improve obesity management, diabetes control, cardiovascular disease measures, malnutrition risk in older adults and amputation prevention. The allied health workforce is essential in the diagnosis, monitoring and treatment of many chronic and non-communicable diseases burdening primary care.

There is a critical shortage of allied health professionals employed within funded primary care positions. For example, in 2014 there were only 20 full time equivalent dietitians employed across all primary health organisations nationwide. Further, access to allied health services varies across DHBs and PHOs, which leads to inequities access to treatment, especially in rural areas.

Referrals to allied health by GPs is a key issue given that they act as the referral point for many patients and themselves have little or no knowledge of the depth and breadth of support that allied health professionals can provide. There is international evidence of under-referring and inappropriate referrals by GPs (Raven M, Brown L, Bywood P), which may in part be due to the lack of experience working with and knowledge of the role of allied health by medical graduates (McGrath PD et al).

AHANZ shares the vision of international best practice for the provision of quality primary health care services delivered by collaborative interprofessional teams (Mable & Marriot, 2002). The delivery of primary health services beyond the scopes of general practice, across housing, education and social services integrated with community participation is essential to achieving this and fitting with the existing settings in which allied health are working (Mable & Marriot, 2002).

Multiple studies have concluded that allied health input in primary care brings substantial economic benefits. For example, for every $1 invested in dietetic treatment, there is a $5 - $6.40 saving to be made in hospital care and medication costs. This is just one example from a workforce of over 50 professions that offer huge potential for the financial sustainability of health services.

In podiatry, early podiatric intervention costing around $600 per year can save lower limb amputations. In 2016 there were 1,468 lower limb amputations due to high risk foot disease in people with diabetes. This cost the New Zealand health system in excess of $146 million annually.

Nationally 36,000 teeth are extracted from children. Appropriate and timely oral health therapies have the capacity to save millions of dollars per year. Every time a therapist is able to prevent referring a child to secondary services for a treatment under general anaesthesia, there is a direct saving of $3500.

We believe there must be a redistribution of the health dollar, it must be provided to where it will achieve the best patient outcomes. Early intervention is more cost effective than funding chronic conditions.

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Our vision for change

Allied health professionals need to be supported to work at the top of their scopes by having clear career pathways and appropriate access to training.

Allied health services need to be integrated with primary care. Simple and effective referral pathways supported by shared medical records and care plans need to be made available to allied health practitioners.

A perception shift is needed from the traditional medical model to acknowledge that doctors, nurses and midwives are not always the most appropriate practitioners for patients' problems.

Service integration across primary and secondary care, involving allied health engagement is essential to address the inequitable access issues.

There needs to be earlier access to allied health professionals, using the skills and training of all disciplines to improve time efficiency, patient outcomes.

A better understanding of the role of allied health in primary care through research. There needs to be a better understanding of current utilisation of allied health resources to enable consideration of funding and planning to incorporate more a collaborative approach.

There is a need for greater interprofessional education of medical graduates and GPs to facilitate improved integration of allied health services in primary care.

References

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