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National Allied Health Practice Engagement Toolkit

Acknowledgements

The Hunter New England and Central Coast Primary Health Network (HNECC PHN) led the development of the Toolkit.

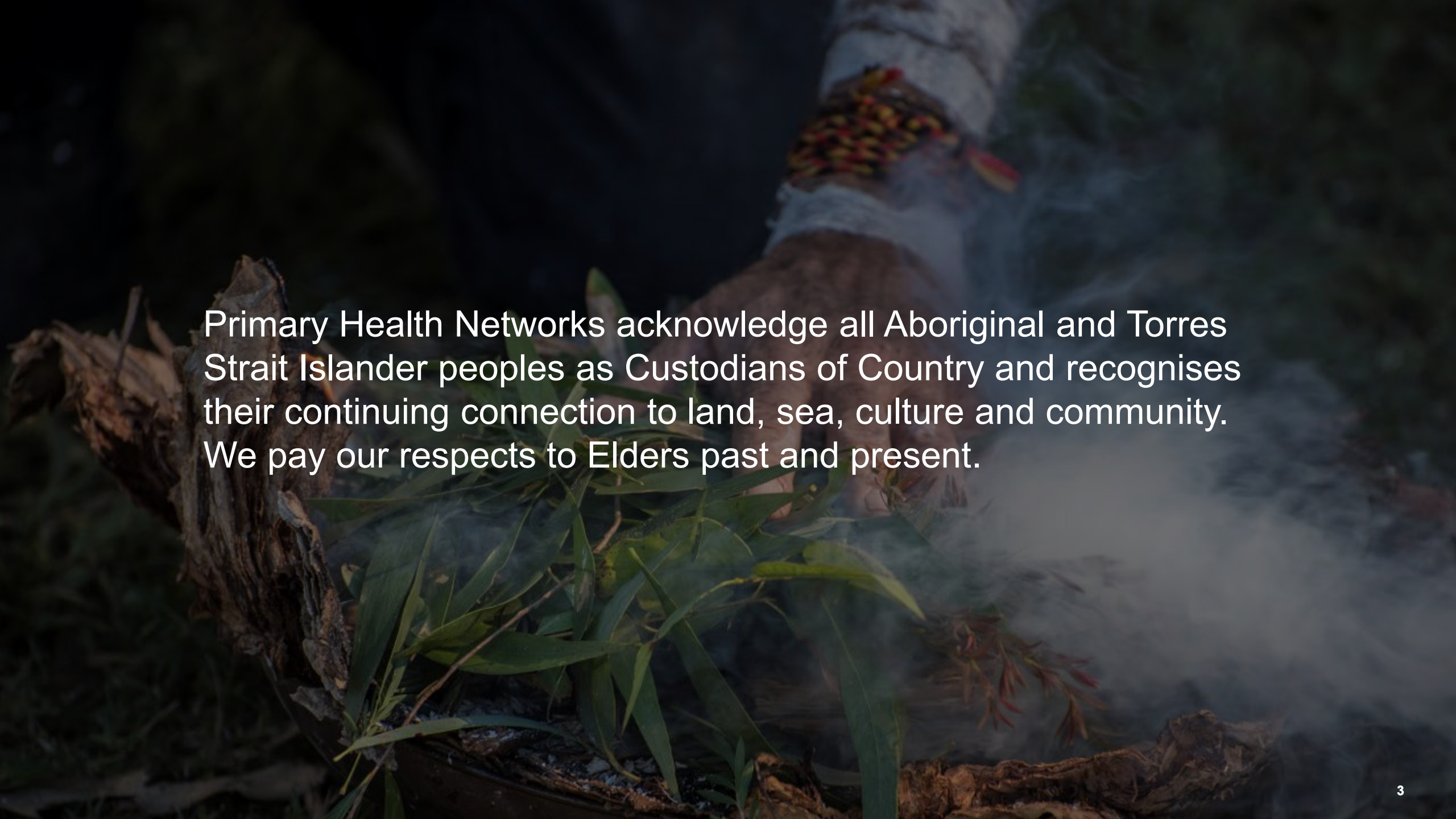
HNECC PHN worked closely with a Steering Group of members which included Allied Health Professions Australia (AHPA), Indigenous Allied Health Association (IAHA), Services for Australian Rural and Remote Allied Health Services (SARRAH), Department of Health and Aged Care Chief Allied Health Office and PHNs from the National PHN Cooperative's Implementation Framework Group (for the National PHN Allied Health in Primary Care Engagement Framework), Brisbane South PHN, Central Eastern Sydney PHN, Northern Sydney PHN, Northern Queensland PHN, Nepean Blue Mountains PHN, Primary Health Tasmania, Western Queensland PHN, and Western Sydney PHN.

We extend our thanks to all allied health providers, individual peak bodies, associations, other PHNs, and stakeholders who contributed to the development of the Toolkit.

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Primary Health Networks acknowledge all Aboriginal and Torres Strait Islander peoples as Custodians of Country and recognises their continuing connection to land, sea, culture and community. We pay our respects to Elders past and present.

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Introduction

Primary Health Networks (PHNs) are independent, not-for-profit organisations that regularly assess the specific health needs of their communities and commission services to address those needs. PHNs play a pivotal role in identifying health service gaps, working closely with communities, organisations, service providers and government to improve the coordination, accessibility, effectiveness and quality of local primary health services.

There are 31 PHNs across Australia.

PHN engagement with the Allied Health sector has been varied, and constrained by funding, capacity and policy direction. However, as national health policies evolve towards a wellbeing system with a strong emphasis on prevention, there is an increasing recognition that Allied Health is a key part of primary health care. For example, **Australia's Primary Health Care 10 Year Plan** highlights the need for a greater focus on Allied Health to improve access, outcomes, integration, safety, quality and cost-efficiency across the health system.

In 2022, the **National PHN Allied Health in Primary Care Engagement Framework** was developed to support PHNs across Australia to increase their focus on Allied Health Professionals (AHPs), recognising their key role as providers in an integrated patient-centred health care system.

The Framework is structured around 6 key priority areas:

- Nationally-led collaboration
- Governance and culture
- Practice engagement
- Data, quality and digital maturity
- Workforce and access to Allied Health care
- Integration, models of care and funding

This National Allied Health Practice Engagement Toolkit (the Toolkit) is a key initiative under the practice engagement priority.

Purpose of the Toolkit

The purpose of this Toolkit is to support AHPs in private practice with:

- Understanding the local health care system they operate in, including their local PHN and how to connect with other primary care professionals and referrers
- Understanding more about the services and resources that are offered by Allied Health peak bodies
- Accessing learning and education opportunities to build skills and capabilities to improve patient care
- Improving safety and quality in allied health care through tools that support improvement approaches
- Understanding and utilising funding streams and accessing grant opportunities to support business efficiency and growth
- Understanding the use of different digital health care systems to improve integration and connectivity of the health care system, and to support practice efficiency.

How to use the Toolkit

This Toolkit has 5 chapters that can be directly accessed from the Table of Contents. Each chapter contains a series of topics with a list of (mostly) online resources or tools. The collection of resources provide:

- introductory information that is applicable for all AHPs on a topic area, with links to more information
- practical guides, tools or educational resources that can be directly applied to clinical practice or business management

The resources included in the Toolkit have been chosen for their:

- relevance to all AHPs practicing in primary care, and
- perceived longevity of reliable and relevant information.

The vast majority of resources are publicly available, however there are some that may incur a fee.

These are indicated with the symbol $

As the linked resources are controlled by other organisations, information may change or links may become redundant. If this occurs, please provide feedback to alliedhealth@thephn.com.au and the PHN Cooperative will address this through regular reviews of the Toolkit.

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Local Health System Navigation

Chapter Contents

1.1 Role of PHNs

1.2 Roles of different Allied Health professions

1.3 Role of Allied Health Associations

1.4 System navigation: service directories and clinical referral pathways



1.1 Role of PHNs in the local health system

Overview

PHNs are independent, not-for-profit organisations that regularly assess the specific health needs of their communities and commission services to address those needs. PHNs play a pivotal role in identifying health service gaps, working closely with communities, organisations, service providers and government to improve the coordination, accessibility, effectiveness and quality of local primary health services.

PHNs deliver 3 core functions:

- **Coordinate and integrate** local health care services in collaboration with Local Hospital Networks (LHNs) to improve quality of care, people's experience and efficient use of resources
- **Commission** primary care and mental health services to address local population health needs and gaps in service delivery and to improve access and equity
- **Capacity-build** and provide targeted training and support to primary care and mental health providers to support quality care delivery.

The PHN Strategy (2023-24) outlines PHNs' core functions and activities, priorities, and responsibilities as they relate to addressing community health and supporting the consistent delivery of national and commissioned health programs.

PHNs are uniquely positioned to support Allied Health Professionals (AHPs) to better integrate into the primary health care system. Their understanding of community health needs and the broader health care system can support AHPs to:

- develop the required business skills to access available grants and funding and meet service quality and regulatory requirements
- gain a better understanding of local service requirements, and connect with other primary care professionals in the region
- advocate for and promote the role and impact that AHPs have in delivering patient-centred care.

Together, closer engagement between PHNs and AHPs can promote the value of integrated models of care, with a focus on prevention and early intervention to improve patient outcomes and the cost effectiveness of health services.

Tools and resources

1	**What Primary Health Networks do** Describes the core functions of PHNs that are funded by the Dept of Health and Aged Care.	*Department of Health and Aged Care*
2	**Find your local Primary Health Network** Use the locator map to find the location, boundaries and contact details of your local PHN.	*Department of Health and Aged Care*
3	**The National PHN Allied Health in Primary Care Engagement Framework** The Framework seeks to encourage a consistent approach to supporting Allied Health service delivery to communities, define roles and approaches for engaging with the Allied Health sector, and drive change to increase collaboration between the Allied Health sector and PHNs. **Framework Case Studies** These case studies offer practical examples of PHN engagement with Allied Health and illustrate how the Framework can be applied across a variety of settings and key issue areas across Australia.	*Hunter New England & Central Coast PHN*

Northern Territory Primary Health Network



Key contacts

PHN webpage with the most relevant information for Allied Health:
https://ntphn.org.au/

General Allied Health enquiries:
Allied Health Development Officer
08 8982 1046
Anne-Marie.McDonald@ntphn.org.au

Rural Workforce Agency NT:
Allied Health Recruitment Consultant
08 8982 1047
Rell.Werner@ntphn.org.au

Digital health enquiries:
08 8982 1000



Education and networking

Upcoming CPD/ education events:
Professional Development Calender

Collaboration or networking opportunities:
Get in touch to enquire about upcoming opportunities. Join the Allied Health mailing list to receive Allied Health sector specific updates.

Sign up to the PHN's newsletter:
https://ntphn.org.au/newsletter/

Join NT PHN Allied Health Mailing List:
E: MDTprogram@ntphn.org.au



Local health system navigation

PHN programs:
Multidisciplinary Team (MDT) Program
Aged Care On-Site Pharmacist Measure
Short-Term Therapies

Clinical referral pathways:
Northern Territory Health Pathways

Local contact:
healthpathways@ntphn.org.au
Nt.healthpathwayscommunity.org

Secure messaging:
Digital Health



Open tenders and grants Commissioning:

Commissioning:
Understanding commissioning

Open tenders:
https://ntphn.org.au/tenders/

PHN grant opportunities:
Grants & Scholarships

Contact for grants:
Email: sponsorship@ntphn.org.au
Phone: 08 8982 1092
Contact for tenders:
Apply: Tenderlink
Phone: 08 8982 1000
Email: procurement@ntphn.org.au

1.2 Role of different Allied Health professions

Overview

AHPs comprise a diverse group of health practitioners that work across a wide range of health settings and client cohorts and draw on different areas of expertise and knowledge. AHPs support, diagnose and treat individuals drawing on a range of therapeutic approaches working both individually and as part of multidisciplinary teams.

A key focus for many AHPs is supporting clients who may have ongoing complex and chronic conditions such as diabetes or cardiovascular disease, chronic pain associated with neuromusculoskeletal factors, mental illness and many other conditions. Many practitioners also work with children and young people experiencing developmental delay, neurodevelopmental disorders, or physical and intellectual disability. These client cohorts often benefit from the support of a range of AHPs. For example, a client experiencing long-term chronic pain may draw on a mix of musculoskeletal supports, mental health-focused interventions, as well as diet and exercise-focused guidance drawn from a diverse group of AHPs.

The **Allied Health profession profiles** are resources that have been developed to support AHPs to better understand the role and scope of other professions. It will support AHPs to work effectively as part of multidisciplinary teams, and to support referral to other allied health services.

The resource is not a complete list of all allied health professions. It represents the most common professions that are working in the primary care sector, and those professions that responded to a request to be included. The profiles contain links to more detailed information on each profession.

If you would like your profession to be included in this resource please contact: **alliedhealth@thephn.com.au**

Tools and resources

1	**What Primary Health Networks do** Describes the core functions of PHNs that are funded by the Dept of Health and Aged Care.	Allied Health Associations (multiple)
2	**Overview of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce** Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are unique professions within the health care system, with a combination of cultural intellect and primary health care training. They do not categorise themselves as AHPs, however they are aligned to primary health care and can play a key role in multidisciplinary teams. This overview provides more information about the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)

1.3 Role of Allied Health associations

Overview

Allied health associations and peak bodies represent and support their AHP members by providing a range of key services and functions. These include advocacy, continuing professional development, development of standards and guidelines as well as resources and support for practitioners. Many also help connect consumers and referrers with clinicians through directories.

Allied health associations include profession-specific organisations representing a single allied health profession, and organisations that work across disciplines. These include:

- Allied Professions Australia (AHPA), the national peak body for all AHPs
- Indigenous Allied Health Australia (IAHA), a national Aboriginal and Torres Strait Islander community-controlled organisation leading Aboriginal and Torres Strait Islander allied health workforce development to achieve better outcomes and change for communities
- Services for Australian Rural and Remote Allied Health (SARRAH), a national member-based peak body who advocate on behalf of rural and remote AHPs working in rural and remote communities.

Allied health associations are a key resource for practitioners and all practitioners should be aware of the organisations that are working to represent their interests, raise public awareness about the role and value of AHPs, and support connections with other practitioners.

The list on the right provides links to the websites of key profession-specific and other allied health associations that practitioners may wish to explore.

Multi-profession peak associations	Australian Orthotic Prosthetic Association
Allied Health Professions Australia	Australian Physiotherapy Association
Indigenous Allied Health Australia	National Association of Aboriginal and Torres Strait Islander Physiotherapists
Services for Australian Rural and Remote Allied Health	Australian Podiatry Association
National Indigenous Health Leadership Alliance	Australian Psychological Society
Profession-specific peak association	Australian Indigenous Psychologists Association
Allied Health Assistants' National Association	Australian Society of Medical Imaging and Radiation Therapy
Audiology Australia	Australian Society of Rehabilitation Counsellors
Australasian Association and Register of Practicing Nutritionists	Chinese Medicine Board of Australia
Australasian Society of Genetic Counsellors	Chiropractic Australia
Australasian Sonographers Association	Dietitians Australia
Australian and New Zealand College of Perfusionists	Exercise and Sports Science Australia
Australian Association of Psychologists Inc	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
Australian Association of Social Workers	Occupational Therapy Australia
Australian Chiropractors Association	Optometry Australia
Australian Clinical Psychology Association	Osteopathy Australia
Australian College of Audiology	Orthoptics Australia
Australian College of Mental Health Nurses	Pedorthic Association of Australia
Australian Dental Association	Pharmaceutical Society of Australia
Australian Diabetes Educators Association	Pharmacy Guild of Australia
Australian Hand Therapy Association	Professional Pharmacists Australia
Australian Music Therapy Association	Psychotherapy and Counselling Federation of Australia
Australian, New Zealand and Asian Creative Arts Therapies Association	Speech Pathology Australia

1.4 Service directories

Overview

Service directories specifically established for health professionals can greatly support AHPs in several ways. They can:

- Enable the identification of other local healthcare professionals, allowing for informed recommendations to patients about additional care options, including culturally safe referral pathways for Aboriginal and Torres Strait Islander patients
- Enable AHPs to be recognised by other healthcare professionals for potential referral, fostering a network of collaboration and patient care
- Facilitate connections with local PHNs who may use service directories to identify local providers for inclusion in local initiatives and communications.

healthdirect's service finder, a nationally funded initiative, allows AHPs to easily locate and connect with other health services and professionals within their local area. This tool is crucial not only for health professionals but also for consumers and PHNs, as it ensures access to accurate and comprehensive information about available health services. Allied Health providers can register their organisation via the National Health Service Directory service desk.

Provider Connect Australia further streamlines the registration process by maintaining up-to-date contact and service information across a number of Australian Government agencies including *healthdirect.* There is further information on Provider Connect in the Digital Health chapter of this Toolkit.

Profession-specific allied health associations also typically provide profession-specific service finders that allow consumers and referrers to identify practitioners, often with the ability to identify particular areas of practice. 'Find a Practitioner' links can be found through the **Allied Health profession profiles** included in this Toolkit.

Tools and resources

1	***healthdirect* service finder** National directory of healthcare professionals and services.	*Health Direct Australia*
2	***healthdirect* service registration** Registration form to register a health provider on the National Health Service Directory.	*Health Direct Australia*
3	**Provider Connect Australia** The most efficient way to register your practice on *healthdirect i*s to register with Provider Connect Australia (PCA). PCA will update your practice details across the spectrum of Australian Government agencies (more detail in Digital Health Chapter).	*Australian Digital Health Agency*

1.5 Clinical Referral Pathways

Overview

HealthPathways is a free online health information portal designed to help primary care professionals manage their patient's medical conditions at the point of care, and plan care by providing information for when and how to refer patients to local specialists and services across the primary, acute and community systems.

Each PHN collaborates with their local health care system partners, including local health networks/districts to design condition-based HealthPathways that provide information on:

- assessing and managing patients for over 500 individual medical conditions
- referring patients to other health professionals, and services operating in the area, including any pre-referral requirements and contact details, supporting faster patient access to specialist care
- other educational resources and information for patients and clinicians to enable better self-management of health.

HealthPathways is managed and reviewed by PHNs, and local health providers and organisations operating in each PHN region. This ensures that the information listed is tailored to each region's context and local health requirements.

AHPs can access the HealthPathways portal online by requesting access from the local HealthPathways team in their PHN. Once registered, the portal allows AHPs to:

- Search for the patient's condition or suspected illness
- access symptom outlines and management options
- access information on how to refer patients to the most appropriate local services and specialist care
- access other clinical information as required.

Tools and resources

1	**Find your region's HealthPathways Community** Provides links to your local HealthPathways site and direct contact to the PHN to request access.	*HealthPathways Community*
2	**Case study: Using Clinical Referral Pathways in Community Pharmacy**	*Hunter New England and Central Coast PHN*

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Education and Networking

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2.1 Role of PHNs in education and networking

2.2 Resources to support culturally safe and inclusive care for Aboriginal and Torres Strait Islander consumers

2.3 Resources to support culturally safe and inclusive care



2.1 Role of PHNs in education and networking

Overview

PHNs undertake a range of supporting activities aimed at improving the overall functioning of the primary health care system. Central to this role is facilitating education, networking and collaboration opportunities for health care professionals across the primary health care system.

Education and training
PHNs provide a range of education and training opportunities that focus on both general and clinical topics and support in primary health care, including cross sector education with local health care professionals that facilitates understanding of local clinical referral pathways. These include multidisciplinary educational events, workshops and webinars to support primary care professionals (including AHPs) to meet their continuing professional development (CDP) requirements. These also include cross-disciplinary discussions and peer learning programs, workshops on developing general business and professional skills, and understanding new and emerging health programs and using related digital health tools and systems.

The provision of general information and resources on important areas such as the mandatory and regulatory requirements for providing health services, recent changes to government health policies and legislation, accessing cultural awareness and safety training in primary care, and general business areas such as workforce recruitment and retention strategies.

Networking and collaboration
PHNs play a critical role in facilitating connections and collaboration across the primary health care system through face-to-face and virtual networking events, and established Communities of Practice. PHN networking activities are recognised by primary care professionals as highly effective platforms to:

- promote their business and service offerings to other health professionals
- better understand the broader health care system and local community health needs
- share experiences, lessons learned and knowledge across health settings to inform best practice approaches to health care and specific patient health concerns.

For AHPs, networking events can help build connections with other health professionals and encourage a better understanding of the critical role AHPs play in integrated models of health care.

2.2 Resources to support cultural safety and inclusive care for Aboriginal and Torres Strait Islander people and communities

Overview

Culturally safe practice that is free of racism is an essential foundation for allied health care that improves health outcomes of Aboriginal and Torres Strait Islander Peoples and supports greater health equity. All health practitioners should seek to understand cultural safety and its contribution to patient safety.

The Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy group, led by Aboriginal and Torres Strait Islander members, have developed a definition of cultural safety that has been endorsed by the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards who regulate Australia's registered practitioners. That definition outlines that cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities and that culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Culturally safe practice requires acknowledgement of key systemic and individual factors such as racism, biases, cultural and economic factors as well as the importance of self-determination and decision-making driven by Aboriginal and Torres Strait Islander individuals, families and communities. The inclusion of cultural safety in the National Law and by professional bodies in professional standards are increasingly requiring AHPs to invest in and develop their ability to be culturally safe in their practice.

The resources included here are intended to support practitioners seeking to better understand cultural safety and to strengthen culturally safe practice. They include links to training options provided by Indigenous Allied Health Australia, leaders in cultural safety and responsiveness in allied health in Australia.

Tools and resources

1	**HealthInfoNet Cultural Safety Portal for Health Professionals** Provides access to a wide range of Aboriginal and Torres Strait Islander health and cultural safety publications, policies, resources, programs, organisations and workforce support information as well as content relevant to specific health professional disciplines.	*Australian Indigenous HealthInfoNet*
2	**Cultural Responsiveness Framework 2022** The Framework can be downloaded for free (upon request to IAHA) and provides information and support to prepare individuals and organisations to engage, learn, and build their capability to positively influence the health and wellbeing of Aboriginal and Torres Strait Islander people, families and communities.	*Indigenous Allied Health Australia*
3	**Cultural responsiveness training and development** IAHA's training is centred on practical and sustainable approaches to cultural safety, targeted toward action and transformational change of individuals, organisations and services, to improve outcomes.	*Indigenous Allied Health Australia*
4	**Communicating effectively with Aboriginal and Torres Strait Islanders** A Guide for communicating effectively with Aboriginal and Torres Strait Islander people which includes demonstrating understanding, building rapport, non-verbal communication, and providing options and ownership.	*Queensland Health*
5	**Engaging with Remote Communities** This site brings together the most effective ways to engage with people in a regional remote communities. The ideas, tools and information here come from a range of sources across Australia and overseas.	*Bush Ready Northern Territory*
6	**WellMob Resources** Resources for common wellbeing issues to use in health promotion and education with clients, carers and communities. The resources include videos, written information, podcasts, apps and websites.	*WellMob*
7	**Working with the Stolen Generations** Factsheet with information for primary care professionals to improve care services for Stolen Generations survivors.	*Healing Foundation*

2.3 Resources to support cultural safety and inclusive care

Overview

Providing safe services for all clients requires AHPs to understand and navigate the range of beliefs, values, and experiences that influence how consumers from different backgrounds perceive health and healthcare. By building knowledge and expertise about cultural differences, practitioners can ensure that they are able to provide inclusive care to all clients.

Being sensitive to the differences that may arise because of different cultural backgrounds allows practitioners to communicate effectively, build trust, and tailor their approaches to meet the specific needs of their patients. For instance, understanding cultural practices around diet, family roles, or traditional medicine can help practitioners offer more respectful and relevant advice, improving patient adherence to treatment and overall satisfaction with care. Additionally, recognising the unique challenges faced by people with disabilities, such as accessibility issues or the need for tailored communication methods, is crucial for providing comprehensive and inclusive care.

LGBTIQA+SB individuals may face distinct health challenges and barriers to accessing care, such as discrimination, lack of knowledgeable providers, or concerns about privacy. Practitioners who are informed about these issues and who create a welcoming environment can help mitigate these barriers, ensuring that LGBTIQA+SB patients receive appropriate and sensitive care. By fostering an inclusive approach, health practitioners not only enhance the quality of care but also contribute to reducing health disparities and improving outcomes for all patients.

The links provided here aim to assist AHPs in finding information to enhance inclusive practices. These resources and services are designed to be practical tools that practitioners can integrate into their daily work.

Tools and resources

1	**Key organisations for working with culturally and linguistically diverse families** This resource sheet is a directory of key organisations and resources for practitioners and service providers working with families and children from culturally and linguistically diverse (CALD) backgrounds.	*Australian Institute of Family Studies*
2	**Centre for Ethnicity & Health cultural competency training** Practical and specialist training to make your organisation, staff and systems more responsive to clients from migrants and refugee backgrounds. Free webinars and resources as well as pay for training resources. Check with your PHN whether they have purchased a license for service providers to access this training.	*Centre for Ethnicity & Health*
3	**Refugee Health Guide** Information for primary care professionals to inform on-arrival and ongoing health care for people from refugee backgrounds, including people seeking asylum.	*Refugee Health*
4	**Translating and Interpreting Service (TIS National)** Private AHPs can access interpreting services delivered by TIS National, including: immediate phone interpreting; Automated Telephone Interpreting Service (ATIS); pre-booked phone interpreting; on-site interpreting; video remote interpreting. Some local areas have free access to TIS.	*TIS National*
5	**Workforce Resources** Resources to support healthcare workers across LGBTIQ+SB health issues.	*LGBTIQ+ Health Australia*
6	**TransHub Information for Clinicians** Information for health professionals who are seeking to strengthen the clinical care they deliver to trans and gender diverse patients and clients.	*TransHub*
7	**My Allied Health Space** Provides information, tools and training resources to support the people with disability and complex support needs. While developed to support *Victorian Allied Health Capability Framework: disability and complex support needs*, the resource can be broadly applied by all allied health.	*My Allied Health Space*

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Clinical quality and governance

Chapter Contents

3.1 Role of PHNs in supporting clinical quality

3.2 Data collection and evidence

3.3 National safety and quality standards

3.4 Utilising the Allied Health Assistant workforce



3.1 Role of PHNs in supporting clinical quality

Overview

PHNs play a pivotal role in supporting clinical quality improvement within the primary health care system, to improve the quality of care and outcomes for patients. PHNs offer a range of quality improvement tools, programs and strategies for specific clinical areas, support adoption of evidence-based practices, and measurement of impact. AHPs can actively engage with their PHN for clinical improvement through:

- **Participating in training and workshops:** PHNs offer training sessions, workshops and webinars focused on clinical improvement. Attending these can help you stay updated on best practices and new initiatives.
- **Joining collaborative projects:** Engaging in collaborative projects and quality improvement initiatives that often focus on specific health outcomes and provide opportunities to work alongside other primary care professionals.
- **Utilising resources and toolkits:** PHNs provide various resources, including quality improvement toolkits, guidelines and data analysis tools. Leveraging these resources can help implement evidence-based practices and measure performance effectively.
- **Engaging in data sharing and feedback:** Participate in data sharing initiatives and provide feedback on clinical outcomes. This supports PHNs to identify areas for improvement and develop targeted interventions.



3.2 Data collection and evidence base

Overview

AHPs and other health professionals are increasingly being asked by funders and consumers to use standardised tools to assess consumer needs and measure service outcomes. The use of these tools and processes is an important foundation for person-centred and value-based care.

For those seeking to provide assessments for clients under funding programs such as the National Disability Insurance Scheme (NDIS) or state and territory accident and compensation schemes, the use of accepted assessment tools is an important way of ensuring results will be accepted. The links on the right provide examples that practitioners can reference, however practitioners are encouraged to check with any health service funders or schemes that they work with for specific requirements.

The use of Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMS) are leading practice approaches to understanding more about a person's experience of health services, their health status, functional abilities, experience and quality of life. These measures capture patients' perspectives on their own experiences with health conditions and treatments, the effectiveness of interventions, and their impact on day to day life.

For AHPs, PREMs and PROMs help assess client progress, identify areas that require adjustment in treatment plans, and ensure that care strategies align with client goals and preferences. This direct feedback is essential for delivering patient-centered care and making evidence-based decisions that enhance treatment outcomes. The links on the right are intended to provide a starting point for practitioners seeking to understand more about the use of PROMs and PREMs, as well as access to specific tools.

Tools and resources

1	**ACSQHC- Patient-reported outcomes measures** Provides information about PROMS, information for implementers, evidence and case studies.	*Australian Commission on Safety and Quality in Health Care*
2	**Patient reported measures** Video introduction to patient reported measures and using patient feedback to improve care.	*NSW Agency for Clinical Innovation*
3	**Australian Therapy Outcome Measures for Indigenous Clients (ATOMIC)** ATOMIC is a purpose designed tool for measuring therapy outcomes for Aboriginal and Torres Strait Islanders.	*PubMed*
4	**Assessment tools for disability** List of assessment tools for different types of disability that are validated by NDIA.	*National Disability Insurance Agency*
5	**iCare (NSW) Assessment tools and resources** Used to monitor progress, quality of life and to guide decisions on the support needs of people with severe workplace or motor accident injuries.	*iCare (NSW)*
6	*Pending: PROM framework for PHN commissioning of MDTs*	*Department of Health And Aged Care*
7	**The fundamentals of patient satisfaction, PREMS and patient feedback** A summary of how these key measures work together to improve outcomes and experiences for patients, with a link to a **free webinar**.	*Patient Experience Agency*
8	**Patient Reported Experience Measure example questions** An example set of questions that can be used in a clinic setting.	*NSW Agency for Clinical Innovation*

3.3 Safety and quality standards

Overview

The National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards were launched in 2021. They are applicable in all healthcare services that are directly involved in patient care in primary and/or community settings, including allied health services. The NSQPCH Standards are the first set of nationally consistent standards for primary and community health providers, and they aim to protect the public from harm and improve the quality of health care delivered.

The NSQPCH Standards are person-centred, and describe the processes and structures that are needed to deliver safe and high-quality health care. They cover clinical governance, partnering with consumers and clinical safety.

The NSQPCH Standards are voluntary. The way in which an individual service implements them will depend on its size and the risk and complexity of services delivered. Accreditation is available through an independent assessment process. In some circumstances, a regulator or funder of a healthcare service may mandate accreditation to a particular standard. Accredited services will be able to display an accreditation badge, which demonstrates to the public that the service is committed to delivering and continuously improving safe and quality care.

In addition to the NSQPCH Standards, there are other safety and quality standards relevant to allied health professionals working in specific sectors, including:

- The National Disability Insurance Scheme (NDIS) Practice Standards
- The Aged Care Quality Standards
- The National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO Standards).

Tools and resources

1	**Supporting resources for the National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards** This page offers factsheets, advisories and guides to assist healthcare services to implement the Standards, including information on the accreditation process.	*Australian Commission on Safety and Quality in Healthcare*
2	**NDIS Practice Standards** This document outlines the quality standards to be met by registered NDIS providers.	NDIS Quality and Safeguards Commission
3	**Guidance and Resources for Providers to support the Aged Care Quality Standards** This document is intended to assist organisations providing Commonwealth subsidised aged care services to implement and maintain their (mandatory) compliance with the Aged Care Quality Standards.	Aged Care Quality and Safety Commission
4	**NSQMHCMO Standards Guide for Service Providers** This document is intended to support service providers to implement the National Safety and Quality Mental Health Standards for Community Managed Organisations.	Australian Commission on Safety and Quality in Healthcare
5	**Safety and Quality Advice Centre** This page provides contact details and information about the Safety and Quality Advice Centre, which offers support (via phone and email) to health services on the implementation of Standards under the Australian Health Service Safety and Quality Scheme, including the NSQPCH Standards and the NSQMHCMO Standards.	Australian Commission on Safety and Quality in Healthcare

3.4 Utilising the Allied Health Assistant workforce

Overview

Allied Health Assistants (AHAs) are well established as part of allied health teams in hospitals, aged care services and similar settings. They are also increasingly recognised as an important support for community-based private allied health services in areas such as disability support. AHAs can help increase the capacity and affordability of allied health services, and a growing number of allied health providers are employing AHAs to support their AHPs.

The Allied Health Assistants' National Association Ltd (AHANA), the national peak body for AHAs, defines an AHA as a healthcare worker who has demonstrated competencies to provide person-centred, evidence-informed therapy and support to individuals and groups under the delegation and supervision of an AHP. An AHA works within a defined scope of practice and in a variety of settings, with the level and type of supervision dependent on the AHA's competencies, capabilities and experience.

A range of resources have been developed to support AHPs to better understand the scope and capabilities of AHAs, and how they may be integrated into practice and service delivery models. AHPs need to know how and when to delegate services, how to provide appropriate supervision, and how to support the safe and effective growth of an AHA workforce.

The links on the right provide access to relevant resources and organisations with a focus on supporting increased use of AHAs. AHPs looking to find an AHA can draw on the register of AHAs maintained by AHANA, using the link provided.

Tools and resources

1	**Resource guide to employing an Allied Health Assistant** Provides practice guides and frameworks and published research to support the successful integration of AHAs into the Allied Health system.	*AHP Workforce*
2	**Allied Health Assistant Framework** This Framework aims to assist AHPs and service managers to understand the roles and scope of practice of the allied health assistant health workforce.	*Office of the Chief Allied Health Officer Clinical Excellence Queensland*
3	**Improving patient care with your Allied Health Assistants** A short video introduction on Allied Health Assistants in community practice, and a **recorded webinar** with Q&A with practice managers and AHAs.	*Hunter New England & Central Coast PHN*
4	**Allied Health Assistants Model of Care** SARRAH has developed an online self-guided course for Allied Health managers, practice owners, and AHPs who are looking to increase capacity by employing Allied Health Assistants. The course is designed to support articulation and implementation of the model of care.	*Services for Australian Rural and Remote Allied Health*
5	**Register of Allied Health Assistants** List of AHANA Practising Members who have opted to have their details available in the Register.	*Allied Health Assistants' National Association*

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Business efficiency and funding sources

Chapter Contents

4.1 PHN service provider opportunities

4.2 Other government funding schemes

4.3 Support for small businesses



4.1 PHN service provider opportunities

Overview

The primary role of PHNs is to identify the population health needs of their local community and commission primary care providers, including AHPs, to provide innovative service delivery models and integrated care initiatives to meet these health needs.

PHNs engage service providers by two mechanisms:

- **Commissioning** – It encompasses the end-to-end, ongoing process of identifying population health needs, planning and designing services, procuring services, monitoring service performance and evaluating outcomes. These funding opportunities include targeted programs addressing specific health needs such as chronic disease management, mental health support and preventive care. There are often opportunities for AHPs to join larger provider consortia or form partnerships to provide allied health expertise to commissioned services.

  AHPs can view and respond to available commissioning opportunities through their local PHN's website, and online tendering portals administered by individual PHNs (see TenderLink resource).

- **Grants –** Grants are (typically) one-time, short-term opportunities aimed at primary care professionals to increase the capacity and capability of their workforce, improve internal systems and processes, and deliver innovative community health programs. Current grant opportunities are listed on PHN websites and can be applied for online.

Commissioning and grant programs provide AHPs opportunities to expand their services, engage in multidisciplinary teams, and contribute to the development of tailored health interventions that meet local population needs. Engaging with PHNs can foster professional growth but also ensures that high-quality, accessible healthcare is available to all community members.

PHNs have developed a range of resources (such as video tutorials, webinars, and 'how to' guides) to support providers to respond to PHN commissioning and grant opportunities.

Tools and resources

1	**Commissioning overview in the PHN context** Information from the Department of Health and Aged Care about what commissioning is and how it works.	*Department of Health and Aged Care*
2	**Help - Tenderlink** How it works, video tutorials and glossary.	*Tenderlink*
3	**How do I tender?** A series of webinars to explain the tendering process and help you to prepare a competitive tender response. While these resources were developed for the Hunter New England and Central Coast PHN region, they are relevant and applicable more broadly.	*Hunter New England & Central Coast PHN*
4	**Tender Toolbox** Guided information to support you in responding to the common components of a PHN tender.	*Gippsland PHN*

4.2 National health, aged care and disability funding schemes

Overview

While other primary care professions typically provide most of their services under a single government funding program, ie. Medicare, AHPs typically draw on a much wider range of funding programs to support patient access and a sustainable practice. AHPs are potentially eligible to provide services under Medicare, Department of Veterans Affairs (DVA) funding, the National Disability Insurance Scheme (NDIS), as well as community and residential aged care funding programs. These programs can be an important means of supporting consumers to access allied health services.

To provide services under any of these programs, AHPs will need to first review eligibility requirements and determine whether registration is required. For example, to be eligible for Medicare rebates or DVA funding, AHPs must first register to be a Medicare provider. If seeking to provide NDIS services, AHPs may also need to be registered with the NDIS Commission. New registration requirements are being introduced for any providers seeking to deliver services funded under community and residential aged care funding. In some cases, costs may be associated with registration.

The links to resources provide a starting point for AHPs seeking information about program eligibility requirements, fee schedules and guidance on how to register (where required). Navigating the range of requirements and funding options can be challenging, particularly for those providers establishing businesses for the first time or in new areas of practice. Allied health professional associations are a great resource for anyone seeking profession-specific guidance and can be found by searching the links provided separately in this toolkit.

Tools and resources

1	**MBS eligibility for health professionals** Information from Services Australia on eligibility of health professionals to claim Medicare benefits, including a drop-down menu for AHPs.	*Services Australia*
2	**AskMBS advice for Allied Health professionals** Provides responses to the most frequently asked questions on MBS billing rules for allied health MBS items, including chronic disease management plans, Aboriginal and Torres Strait Islander health assessments, group allied health services, and services in residential aged care homes.	*Department of Health and Aged Care*
3	**Guide to Medicare for Indigenous health services** A guide to services, including the Australian Immunisation Register (AIR), My Health Record and Indigenous-specific MBS services.	*Services Australia*
4	**MBS Online** Online search tool via MBS item number or descriptions. It provides full description and notes on the use of the MBS items.	*Department of Health and Aged Care*
5	**Understanding Medicare: Provider Handbook** Handbook designed to help healthcare professionals understand and navigate the Medicare system. It includes guidance on a range of topics and is intended to help build a fundamental knowledge of Medicare functions and principles.	*Department of Health and Aged Care*
6	**Becoming an NDIS provider** Provides a readiness checklist to outline what is involved in becoming a registered provider and the steps to begin the registration process. The **Provider Information pack** offers NDIS providers key information to support the provision of NDIS services.	*National Disability Insurance Service*
7	**NDIS Pricing Arrangements and Price Limits** (previously the NDIS Price Guide). The Arrangements assist participants and disability support providers in understanding how price controls for supports and services work in the NDIS.	*National Disability Insurance Service*
8	**Information for treating patients with a DVA card** Fees, guidelines and profession specific information for professionals treating patients claiming via Department of Veteran's Affairs.	*Department of Veterans Affairs*
9	**Aged care regulatory model** Introduction to the features of the new aged care regulatory model and new 'universal' provider registration requirements and process.	*Department of Health and Aged Care*

4.3 Accreditation and working with state-based insurance schemes

Overview

Each state and territory operates its own workers compensation and motor accident insurance scheme. These schemes are designed to provide financial and medical support to individuals who have been injured at work or in motor vehicle accidents. The primary goal is to facilitate recovery and return to work or daily activities of those impacted by motor vehicle accidents.

AHPs are key providers of services funded by accident and compensation schemes. However, to provide services, AHPs may be required to meet specific registration requirements. The general steps involved include:

- **Meet qualification standards:** Have the necessary qualifications and be registered with AHPRA or relevant professional body.
- **Complete required training:** Some states require AHPs to complete specific training programs. For example, in NSW, practitioners must complete the State Insurance Regulatory Authority (SIRA) online training program.
- **Apply for approval and provider number:** Submit an application to the relevant state authority. This may involve providing evidence of qualifications, training completion, and professional registration.
- **Understand guidelines and legislation:** Become familiar with the guidelines and legislation governing the schemes in your state. For instance, in NSW, the Workers Compensation Act 1987 and the Workplace Injury Management and Workers Compensation Act 1998 outline the requirements and responsibilities for practitioners.

Working Within the Schemes

Once registered, AHPs will be part of a multidisciplinary team focused on the injured individual's recovery. Here are some key components to keep in mind:

- **Collaborative care:** Work closely with other primary care professionals, employers, insurers, and rehabilitation professionals to develop and implement effective treatment plans.
- **Evidence-based practice:** Provide treatments that are supported by research and best practice guidelines to ensure optimal outcomes for your patients.
- **Billing and documentation:** Adhere to the billing and documentation requirements specific to your state's scheme. Accurate and timely documentation is crucial for the smooth processing of claims and payments.

Tools and resources

1	**Clinical Framework For the Delivery of Health Services** The Clinical Framework outlines a set of guiding principles for the delivery of health services and is supported by **all Commonwealth and state and territory work cover and accident insurance schemes**.	*Australian Government ComCare*

4.3 Accreditation and working with state-based insurance schemes

New South Wales

1	**Guidelines for the Provision of Relevant Services (Health and Related Services)** The Guidelines establish a code of conduct, service standards and requirements for Registered Service Providers in relation to specific relevant services, and invoicing and billing requirements for registered service providers.	*NSW State Insurance Regulatory Authority NSW*
2	**Allied Health registration with NSW SIRA** All AHPs must request approval to provide treatment in NSW and submit this to the insurer.	*NSW - State Insurance Regulatory Authority*
3	**Becoming a health provider with iCare NSW** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*iCare NSW*

Victoria & Tasmania

1	**Essentials for WorkSafe Vic healthcare providers** Key information for healthcare professionals working with injured workers.	*Work Safe Victoria*
2	**Becoming a health provider for TAC Vic** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*Transport Accident Commission Vic*
3	**How to become an accredited Workplace Rehabilitation Provider in Tas WorkSafe** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*WorkSafeTas*
4	**Becoming a service Provider for Tas MAIB** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*Tas Motor Accidents Insurance Board*

Australian Capital Territory

1	**ComCare Resources for Allied Health** Information for AHPs who provide services to employees with an accepted claim under ComCare.	*Australian Government ComCare*
2	**Becoming a service providers for ACT MAIC** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*ACT Motor Accident Insurance Commission*

South Australia

1	**Return to Work SA Provider Information** Service provider information for allied health services in South Australia.	*Return to Work SA*
2	**Becoming a service provider for SA CTP Insurance Regulator** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*SA CTP Insurance Regulator*

4.3 Accreditation and working with state-based insurance schemes

Queensland and Northern Territory

1	**Work Safe Queensland Provider Information** Information on getting started, including guides on how to become an approved provider and registered with WorkSafe QLD.	*Work Safe Qld*
2	**Becoming a service provider for Qld MAIC** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*Qld Motor Accident Insurance Commission*

Northern Territory

1	**WorkSafe Northern Territory** Information for AHPs working with injured workers under the scheme.	*WorkSafe Northern Territory*
2	**Becoming a service provider for NT MACC** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*NT Motor Accident Compensation Scheme*

Western Australia

1	**Work Cover WA – Resources for health providers** Guide on Clinical Framework for Allied Health, applying rates, fees and payments.	*Work Cover WA*
2	**Becoming a service providers for Insurance Commissiong WA** Explains the application process and ongoing requirements, including approval criteria and conditions of accreditation.	*Insurance Commission of WA*

4.4 Support for small business

Overview

Getting started as a private allied health provider and staying viable as a small business is not always easy. AHPs are experts at providing clinical services in their area of practice but may have less experience and training in relation to establishing and running a business.

The Commonwealth and individual state and territory governments offer a range of resources and services including business and tax information, guidance about how to advertise services, as well as grants that providers may be eligible for to help establish or expand their services. For providers in rural areas or considering establishing services in rural areas, the Rural Workforce Agency offers support and grant programs in each state and territory.

Many allied health professional associations also offer private practice toolkits that provide profession-specific guidance and resources to help providers set up businesses, develop policies and documentation, choose appropriate insurance coverage, and market their services. These resources may require membership with your individual professional association and may have additional costs. Check with your professional association to find out more about what is available.

Links to individual professional association websites can be found elsewhere in this Toolkit.

Tools and resources

1	**Support for businesses in Australia** Information, grants, and services from across government to help your business succeed.	*Australian Government*
2	**Small business benchmarks** The ATO publishes small business benchmarks, which allow you to compare your small business against other, similar businesses in your industry. The benchmarks may help you to identify opportunities to grow your business. There are also links to relevant courses for small businesses.	*Australian Tax Office*
3	**Advertising health services** Summary of the AHPRA advertising requirements, obligations and who they apply to. It also includes further links to more information.	*Australian Health Practitioners Regulation Agency*
4	**Supporting your small business** Tax time essentials, learning resources, tools and services to support small business.	*Australian Tax Office*
5	**Rural Workforce Agency** The Rural Workforce Agency in each state aims to improve the capacity, quality and distribution of the health workforce. It delivers a range of Commonwealth funded programs, grants and subsidies.	*Rural Workforce Agency*

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Digital health and information systems

Chapter Contents

5.1 Role of PHNs in supporting digital health

5.2 National digital health platforms

5.3 Communications systems: secure messaging and eReferrals

5.4 Telehealth and other digital resources



5.1 Role of PHNs in supporting digital health

Overview

PHNs play a crucial role in **raising awareness** of digital health across their regions to achieve greater efficiency in healthcare delivery and better health outcomes for consumers. They act as intermediaries, providing **essential resources, training, and support** to ensure that AHPs can effectively utilise digital health tools such as:

- My Health Record
- Provider Connect Australia
- Secure messaging and e-Referrals
- Telehealth
- Electronic prescriptions

PHNs collaborate with the Australian Digital Health Agency (Agency) on initiatives and awareness raising efforts with national digital health strategies, further enhancing the quality, accessibility, and coordination of healthcare services across the region.

PHNs **facilitate the implementation** of these technologies by offering guidance on best practices, assisting with technical challenges, and promoting the benefits of digital health to improve patient care. Additionally, they work closely with primary care professionals and vendors to identify and potentially tailor digital health solutions - such as secure messaging and eReferrals - to meet the specific needs of their communities.

National digital health pathway for Allied Health

The **Australian Digital Health Agency (Agency)** is committed to advancing a program of digital health adoption, with a primary focus on implementing a comprehensive digital health plan for AHPs.

Central to this plan are the integration of My Health Record (MHR) with allied health practice software, and the promotion and utilisation of the Provider Connect Australia (PCA) system and electronic prescribing services. By actively collaborating with vendors of allied health practice software to ensure My Health Record conformance, the Agency is driving the adoption of these critical digital health tools.

The agency continues to make significant progress in engaging vendors, health service providers, and businesses with its platforms, fostering a more interconnected and efficient healthcare system.

With this growing momentum and focus, the landscape for the allied health system is set to improve in the coming years, making it an opportune time for practitioners to engage and integrate with these digital health initiatives.

5.2 National digital health platforms

Overview

The Australian Digital Health Agency has a program of initiatives to improve the connectivity of the health care system to make it more accessible, progressive and secure.

The key platforms for Allied Health to engage with include:

- **My Health Record** is a secure online summary of key patient health information that providers can access and view. If providers have access to conformant software, they can also add information. The checklist at resource 2 contains all the steps and information required to register yourself and your practice with My Health Record.
- **National Provider Portal** is a web-based portal that enables health professionals who do not have software conformant with My Health Record to still view it.
- **Provider Connect Australia** is a single place to update your business information, updating funders, directories and communication services in one single step. Provider Connect can automatically send updates to your connected business partners, which include PHNs, National Health Service Directory, public health services such as eHealth NSW, and secure messaging services.
- **Electronic prescriptions** support secure and efficient access to medicine supply for Australians – sent directly to the patient's mobile phone number or email.

To register with these platforms, you will need a PRODA (Provider Digital Access) account. This is an online authentication system used to securely provide access to government online services. Healthcare Identifiers for individual professionals and healthcare organisations are also required. The links provided on the right offer guidance and support for establishing these accounts.

Tools and resources

1	**Introduction to My Health Record for Allied Health** An introduction to My Health Record and its benefits, with links to support for **Implementing My Health Record in your organisation**.	*Australian Digital Health Agency*
2	**Checklist to support registering and using My Health Record** Checklist with instructions on how to connect to My Health Record as a health care professional. It includes registering for Healthcare Identifiers, and policy templates.	*Australian Digital Health Agency*
3	**Implementing My Health Record – training & education resources** Resources developed specifically for Allied Health providers on the key components of establishing and using My Health Record.	*Australian Digital Health Agency*
4	**National Provider Portal** Enables AHPs to access and view My Health Record system without conformant clinical software (login required).	*Australian Digital Health Agency*
5	**Provider Connect Australia** Steps for registering with PCA and instructions on how to create a PRODA account.	*Australian Digital Health Agency*
6	The **Digital Adoption Support Team** at the Digital Health Agency is available to support AHPs to connect to PCA, the National Provider Portal and My Health Record. **Call 02 6223 0741, or contact your local PHN Digital Health Team.**	*Australian Digital Health Agency*
7	**AHPA Digital Health Toolkit** Supports the use and understanding of digital health platforms and provides practical clinical case studies to illustrate their use in the practice setting.	*Allied Health Professions Australia*
8	**Electronic prescription - Training Resources** An overview of and introduction to using electronic prescription tokens, and the benefits for the consumer.	*Australian Digital Health Agency*

5.3 Communications systems: secure messaging and eReferrals

Overview

Health care systems are increasingly adopting software to enable the sharing of health information digitally between healthcare professionals across primary, acute and community care systems. These are commonly referred to as secure messaging and e-referral systems. This information can include coordinated care plans, referrals, discharge summaries, specialist letters, pathology and diagnostic images. The advantages of these systems include:

- Patient data being appropriately and securely managed
- Improved clinical decisions, through having information available at point of care
- Access to broader range of referring practitioners through online directories
- Referral templates that ensure all the correct clinical and demographic information is included, to prevent delays in reviewing and clinical decision making
- Improved coordination of care, through improved communication between providers

Secure messaging platforms provide the most streamlined experience when they are built into, or compatible with, your existing clinical information systems. Compatibility with your system makes it easier to auto-fill referral templates and attach supporting information. However, if this is not possible with your practice system, you can still access either web portals or Microsoft Word plug-in options which allow you to send and receive secure electronic messages. The resources on the right provide guidance to help you better understand how secure messaging works and how to get started.

Please note: currently both senders and recipients of documents exchanged via secure message and e-referral must use the same secure messaging program due to the encryption methods used.

Ask your PHN: What are the dominant secure messaging and e-referral systems that providers and referrers in the local health care system are using?

Tools and resources

1	**What is secure messaging** A factsheet explaining what secure messaging is, how it works and why it should be implemented.	*Australian Digital Health Agency*
2	**Connection guide for secure messaging** This includes information on the key features of secure messaging systems, as well as information on available products, to help you select the most suitable option to meet requirements.	*Allied Health Professions Australia*
3	**Secure messaging user guide** A generalised guide for drafting, sending and receiving secure messages in your clinical practice system.	*Australian Digital Health Agency*

5.4 Telehealth and other digital resources

Overview

Many AHPs and the consumers they support used telehealth to support care delivery during COVID-19 lockdowns. Practitioners now have an opportunity to sustain and embed its use in the day-to-day delivery of care as a way of supporting accessibility and convenience for patients. The use of telehealth is particularly beneficial for those with mobility issues, chronic conditions, and those living in residential care settings or remote areas.

Allied Health practices of all sizes and scopes can engage with telehealth platforms. In order to use telehealth effectively, providers should:

- Have the right digital infrastructure, including a telehealth platform that maintains patient privacy, is simple to use for patients, and supports the clinic environment
- Adjust processes for preparing and following up after an appointment to streamline and manage clinical risks and documentation and billing requirements
- Adjust communication styles for the virtual environment and to get the most out of a virtual consultation
- Establish models of care that are specialty specific and tailored to patient needs.

When using telehealth, practitioners should incorporate cultural safety in their telehealth approach by avoiding assumptions about access to technology (or private spaces for appointments), allowing time for building relationships, communicating effectively, working with local support people, and understanding that telehealth won't suit everyone.

Digital Health assessment tools are useful resources to support practices in determining how to implement these technologies and the capabilities the workforce will require for successful implementation.

Tools and resources

1	***healthdirect* video call platform** Telehealth platform which is provided at no cost to Allied Health. It has been customised to the needs of health professionals, including by offering virtual waiting areas.	*healthdirect Australia*
2	**AHPA Telehealth Guide** A comprehensive guide that covers safety and quality, getting started and knowing the limitations of telehealth as well as preparing and conducting a consultation and follow up activities, including documentation and billing.	*Allied Health Professions Australia*
3	**Telehealth decision support tool** Tool designed to guide clinicians to make decisions in partnership with consumers about the appropriate use of telehealth for providing care.	*Safer Care Victoria*
4 ($)	**Telehealth Training Portal** Topics covered include online communication, service development, models of care, and allied health profession-specific information. There is a cost for these courses.	*University of Qld – Centre for Online Health*
5	**Assess your digital health capability** This Tool will help you determine your workforce's current level of capability across a broad range of digital health areas. The results can be used as a guide to determine areas for further development.	*Australasian Institute of Digital Health*
6	**Digital health assessment and planning tool** The tool is intended to help allied health providers to first assess whether particular technologies are relevant for their practice and patients, and to then access a range of resources, including training and connection guides, to help them implement these within their practice.	*Allied Health Professions Australia*

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Overview of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce

What is an Aboriginal and/or Torres Strait Islander Health Worker or Aboriginal and/or Torres Strait Islander Health Practitioner?

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are two distinct but related professions specialising in the provision of culturally safe, responsive and holistic primary health care services to Aboriginal and Torres Strait Islander people.

The workforce was established by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people in response to the need for geographically accessible and culturally-safe healthcare.

When should I refer to an Aboriginal and/or Torres Strait Islander Health Worker or Aboriginal and/or Torres Strait Islander Health Practitioner?

Where possible Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners should be used to support the delivery of most health care services to Aboriginal and Torres Strait Islander people. With cultural intellect and primary health care training they help to keep Aboriginal and Torres Strait Islander people connected to and engaged in the health care system.

What do Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners do?

Depending on level of qualification, experience, and workplace setting they are able to work independently or under supervision as part of multidisciplinary health care teams. They act as health system navigators, deliver culturally safe care, play a role in early intervention and prevention, improve access to health care services and the patient experience and, if enabled to do so, work competently and professionally to deliver culturally safe primary health care services across a broad range of settings.

Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners are primarily employed in Aboriginal and Torres Strait Islander community-controlled and Government hospitals and health services.

How are Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners qualified?

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are VET trained.

An *Aboriginal and/or Torres Strait Islander Health Worker* has a Certificate II or higher in Aboriginal and/or Torres Strait Islander Primary Health Care, noting the National Aboriginal and Torres Strait Islander Health Worker training package enables completion of qualifications up to advanced diploma level.

An *Aboriginal and/or Torres Strait Islander Health Practitioner* has a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and must be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia within Ahpra.

Tools and resources

1	**Find out more about the professional scopes of practice of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners here** This document outlines professional scopes of practice, and includes case studies as well as role and capability templates. These templates can be used to develop and review role descriptions, assess opportunities to work to professional scope of practice, and assess capability.	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)
2	**Find out more about the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce and NAATSIHWP here** NAATSIHWP is the only peak workforce organisation with responsibility for ensuring Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are embedded as a vital, valued and professional part of Australia's healthcare system. The website includes information about NAATSIHWP's role and activities, a resources hub and information on upcoming events.	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)

Case study: Using clinical referral pathways in community pharmacy

As a community pharmacist I find our local clinical referral pathways site useful in my daily work with many services provided in the pharmacy including vaccinations, managing a range of conditions, providing and dispensing medications and counselling patients in quality use of medicines.

When providing a blood pressure check to a customer, I will use the hypertension clinical referral pathway if I get a high blood pressure result. This pathway will reassure me whether I should take immediate action and give advice to receive immediate care or if the patient needs to see their GP at a later date.

The breastfeeding suite of the clinical referral pathways site gives clear advice for both drug and non-drug management of mastitis and a range of other conditions affecting lactating parents which gives me confidence to know I can give evidence-based advice and care that is updated regularly when customers present in pharmacy with issues such as mastitis.

All the clinical pages on our local clinical referral pathways site also have a section containing evidence-based and up-to-date patient information resources that I can provide to customers with the knowledge that these accurately reflect the information provided to clinicians in the pathway.

The local clinical referral pathways contain primary, secondary and tertiary referral points for a broad range of speciality areas which I use frequently to refer patients to other appropriate services such as community based mental health support, drug and alcohol services and dementia support services.

Since the scope of practice for pharmacists expanded to include vaccinations, these pathways have been very useful to assess and manage patients and find the vaccination information I require to provide these services and I know I am providing current evidence-based advice to my patients.

I often use our local clinical referral pathways site when patients present to the pharmacy with common medical issues such as constipation, breastfeeding, vaccinations, reflux or acne. It helps me to know how to assess and manage patients and to know when to refer to a GP.

I have even used the needle stick injury pathway for my own health advice while administering vaccinations which gave me clear and concise guidance on managing the situation safely and according to best practice care!

For other allied health clinicians, being listed on clinical referral pathway pages can help raise awareness of your practice, let other primary care clinicians know more about the services you provide and improve the quality of referrals you receive.

I always have our local clinical referral pathways site open on my desktop in the pharmacy and find it an extremely useful tool!



PRIMARY HEALTH NETWORK

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Overview of Allied Health Professions



Audiology

What is Audiology?

Audiologists are experts in hearing loss and balance disorders. Audiologists can help people of all ages experiencing hearing loss with the use of hearing aids and other assistive technologies to improve their ability to communicate.

When should I refer to an audiologist?

A person should see an audiologist if they experience hearing loss or dizziness/vertigo. It is important for anyone who experiences sudden hearing loss to visit a hospital emergency department as soon as possible to receive a hearing test to refer if necessary to an Ear, Nose and Throat specialist in a timely manner for the successful treatment of sudden sensorineural hearing loss.

Audiologists can also diagnose patients experiencing vertigo. They can work together with physiotherapists to provide vestibular rehabilitation for clients.

What do audiologists do?

Audiologists work across a range of health settings including hospitals, schools, residential aged care facilities and private practice and work with all ages from infants in newborn screening right through to older individuals

Audiologists provide hearing tests to measure auditory and neural function, tinnitus and test balance (vestibular function). They can prescribe and fit devices and aids such as ear plugs, hearing aids and have specialised knowledge about implantable devices such as cochlear implants.

Audiologists also provide serves in wax removal and management, hearing protection, tinnitus rehabilitation, communication training and vestibular rehabilitation.

How are audiologist qualified?

To qualify as an audiologist, practitioners must complete a Masters-level degree in clinical audiology. They must also meet the membership and clinical competency requirements of:

- Audiology Australia's Accredited Audiologist program, and/or
- The Australian College of Audiology (AC*Aud*) with Hearing Rehabilitation Specialist (HRS) and Diagnostic Rehabilitation Specialist (DRS) competencies.

Once qualified, to maintain high education standards and membership with a PPB, which is required to access to government funding, audiologists must complete the required amount of continuing professional development. Further competencies are outlines for those specifically working with children.

The Code of Conduct for audiologists and audiometrists sets the fundamental standards of behaviour and responsibilities that audiologists need to abide by and is modelled directly from the National Code of Conduct for Health care workers.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find audiologists near you.	Audiology Australia
2	**Find out more about audiologists here** This website provides more detailed information about audiologist services.	Audiology Australia

Certified Pedorthist Custom Maker

What is a Certified Pedorthist Custom Maker?

A Certified Pedorthist Custom Maker (CPedCM Au) is an allied health professional specialising in the assessment and management of lower limb conditions. They provide prefabricated and custom-made medical grade footwear, foot orthotics, and ankle braces to help improve comfort, function, mobility and enhance quality of life.

When should I refer to a Certified Pedorthist Custom Maker?

A referral to a CPedCM is appropriate when a person presents with complex or persistent foot, ankle, or lower limb issues that cannot be effectively managed with standard footwear or off-the-shelf orthotics. Specific referral situations include:

- Foot deformities, significant leg length differences, or other structural issues
- Diabetes-related complications, e.g. foot ulcer prevention and offloading
- Pain management, impaired mobility, or balance and gait issues

What do Certified Pedorthist Custom Makers do?

Pedorthists prescribe, design, fit, modify and manufacture orthotics, bracing, and footwear to restore, maintain or improve lower limb health, function, and mobility based on an individual's unique needs. Services may include:

- Advice on footwear and orthotics
- Supply and modification of prefabricated footwear
- Custom design and manufacture of footwear, orthotics and bracing
- Offloading solutions for diabetes-related foot complications
- Support for minor lower limb amputations
- Lower limb assistive technology for people with disability

How are Certified Pedorthist Custom Makers qualified?

To practice as a Certified Pedorthist Custom Maker (CPedCM), practitioners must :

- Complete a recognised Bachelor of Pedorthics qualification
- Be certified by the Pedorthic Association of Australia (PAA) as a CPedCM and maintain registration with the PAA
- Complete a minimum of 30 hours per year of continuing professional development
- Adhere to PAA's Code of Conduct and Ethical Standards
- Comply with certification and audit requirements as outlined in the Criteria for Certification in Pedorthics

Certified Pedorthist Custom Makers are qualified to assess, design, and manufacture custom-made medical grade footwear and orthotic devices, and work within multidisciplinary teams to support foot health and mobility.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find Certified Pedorthists near you.	Pedorthic Association of Australia
2	**Find out more about Pedorthics here** This website provides more detailed information about Pedorthic services, as well as resources to support referrals, patient education, and collaboration with other health professionals.	Pedorthic Association of Australia

Chiropractor

What is Chiropractic?

Chiropractic is a healthcare profession focused on the skilled assessment, diagnosis, treatment, and prevention of neuromusculoskeletal problems.

Chiropractors work with people who present with a range of conditions such as neck pain, back pain, headache, whiplash, strains and sprains, overuse injuries, and work and sports injuries. Chiropractors employ various manual therapy techniques, offer advice on self-management and activity modification and prescribe exercises, all of which are supported by the evidence as a best-practice first-line approach to patient care.

When should I refer to a Chiropractor?

People presenting with musculoskeletal pain, especially spinal pain, will benefit from consulting a chiropractor as a first point of contact within the healthcare system. Chiropractors are primary contact practitioners based mainly within the community, and access does not require a medical referral (except for Chronic Disease Management Plans under Medicare and Veterans under DVA).

What do Chiropractors do?

Most people visit chiropractors to manage spinal pain. However, chiropractors are also skilled in diagnosing and managing extremity conditions, such as those affecting shoulders, hips, and knees. Chiropractors employ a person-centred approach, using non-pharmacological methods like manual therapy, exercise-based rehabilitation, and lifestyle advice to help patients achieve their goals and optimise clinical outcomes.

How are Chiropractors qualified?

To practice as a registered chiropractor, practitioners must:

- Complete a five-year recognised university program and register with the Australian Health Practitioners Regulation Agency.
- Complete a minimum of 20 hours per year of continuing professional development
- Adhere to the Chiropractic Board of Australia's Code of Conduct, Registration Standards and Guidelines
- Comply with audit requirements
- Chiropractors receive training in radiology as part of their chiropractic education. They must hold the required state or territory radiography licence to carry out their own radiography

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find chiropractors near you.	Chiropractic Australia
2	**Find out more about chiropractic here** This website provides more detailed information about evidence-informed chiropractic in Australia.	Chiropractic Australia

Counsellor and Psychotherapist

What is Counselling and Psychotherapy?

Registered Counsellors and Psychotherapists work with clients to benefit their mental health and wellbeing. They use a range of interventions including talking therapies as well as creative and experiential therapies (art, music, dance, eco and animal therapies) to build a positive therapeutic relationship which supports self-awareness and resolves identified concerns. Counselling and psychotherapy are highly effective therapeutic services backed by evidence.

When should I refer to a Counsellor or Psychotherapist?

Registered Counsellors and Psychotherapists work in a wide range of settings including primary care, private practice, in schools and hospitals and in a range of service providers including Employee Assistance Programs, crisis services, welfare agencies and government services. Registered Counsellors and Psychotherapists are highly skilled members of multi-disciplinary teams alongside other allied health professionals.

What do Counsellors and Psychotherapists do?

Registered Counsellors and Psychotherapists work with individuals, families and groups to provide therapeutic support in a range of settings. This support includes a range of assessments and therapeutic interventions tailored to the client's needs.

How are Counsellors and Psychotherapists qualified?

To practice as a Registered Clinical Counsellor or Psychotherapist, or Certified Practising Counsellor with PACFA, practitioners must complete accredited training and meet PACFA certification requirements including annual CPD and supervision requirements, completing a criminal history check and adhering to PACFA's Code of Ethics. In addition:

- Registered Clinical Counsellors must have completed 750 hours of client contact and 75 hours of supervision over at least two years.
- Registered Clinical Psychotherapists must complete psychotherapy modality training as well as personal therapy and psychotherapy supervision.
- College of Relationship Counselling members must have additional relationship therapy training as well as relevant supervision.
- College of Creative & Experiential Therapy members must meet training requirements in creative or experiential therapy.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find Counsellors and Psychotherapists s near you.	PACFA
2	**Find out more about Counselling and Psychotherapy here** This website provides more detailed information about Counselling and Psychotherapy services.	PACFA

Creative Arts Therapist

What is Creative Arts Therapy?

Creative Arts Therapists help clients to reduce anxiety, improve self-awareness and find new pathways to healing. They use creative processes to help clients explore feelings that may be hard to put into words. They work with a wide variety of clients including young children, people experiencing mental health issues, those experiencing cognitive and neurological conditions such as stroke and dementia, and people in palliative care.

When should I refer to a Creative Arts Therapist?

Clients are usually referred when traditional 'talk' based psychological interventions are less successful. Creative arts-based interventions can be particularly beneficial for people with autism, those that have experienced a stroke, have dementia, or who have difficulties with language or any other reasons for needing a creative means of expressing and dealing with mental ill-health.

What do Creative Arts Therapists do?

Creative Arts Therapy is an experiential psychotherapeutic approach offered by qualified practitioners utilising a range of creative modalities. It is holistic and client led with a focus on attending to emotional, cognitive, physical and spiritual well-being. The creative arts approach aligns well with indigenous and non-indigenous models of health and well-being. Creative Arts Therapists draw on the principles of psychotherapy through art-based modalities, allowing people to express themselves in ways that might be difficult through words alone.

How are Creative Arts Therapists qualified?

To qualify and practice as an ANZACATA registered practising member, practitioners must demonstrate that they have attained recognised qualifications from an accredited course at AQF level 7 (Bachelors Degree) and above in creative arts therapy.

The vast majority of ANZACATA practising members have a specific Masters degree in Creative Arts therapy which includes 750 hours of supervised clinical placement (AQF 9). They must abide by the ANZACATA Code of Ethics and must also demonstrate that they have undertaken 25 hours of CPD annually and participate in ongoing clinical supervision.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find Master trained Creative Arts Therapists near you.	ANZACATA
2	**Find out more about Creative Arts Therapy here** This website provides more detailed information about Creative Art Therapy services, including the work of practising members and when to refer, as well as verified and evidence-based information about the profession.	ANZACATA

Dietitian

What is Dietetics?

Dietitians are experts in food and nutrition. They provide guidance about how to appropriately manage diets and nutrition for people who may be affected by health conditions such as diabetes, cancer, heart disease, renal disease, gastro-intestinal diseases, mental health conditions, food allergies, and other health concerns. A dietitian can help people maintain their health and reduce their risk of developing chronic disease.

When should I refer to a Dietitian?

There are a wide range of triggers that may lead to a person benefiting from the support of a dietitian. Some typical reasons why someone might be referred, or might independently choose, to see a dietitian include:

- A newly diagnosed chronic condition
- Signs that a chronic illness is not being managed (e.g., high Hba1c levels)
- Significant weight change
- Recent poor food intake, poor appetite, or difficulty preparing or eating food
- Changes in medication
- Periodic reviews of medical nutrition therapy.

What do Dietitians do?

Dietitians in primary care typically focus on medical nutrition therapy – working with patients to assess their health and nutritional needs and to assist them to manage their medical condition(s) and symptoms via the use of a specifically tailored diet. Medical nutrition therapy may also involve enteral nutrition provision, monitoring and evaluation for a wide range of conditions. Outside of primary care, dietitians also work across a wide spectrum of settings, including academia, food service management, sports nutrition, community and public health nutrition.

How are Dietitians qualified?

To practice as an Accredited Practising Dietitian, dietitians must:

- Complete a Bachelor or Master's Level dietetic qualification accredited by Dietitians Australia
- Complete a minimum of 30 hours per year of continuing professional development
- Adhere to the Dietitians Australia Code of Practice for Dietitians and Nutritionists
- Comply with audit requirements

Please note that Accredited Practising Dietitians also practice nutrition health science, but nutritionists are not dietitians. Or simply put, all dietitians are nutritionists, but nutritionists without a dietetics qualification can't call themselves a dietitian.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find dietitians near you.	Dietitians Australia
2	**Find out more about dietetics here** This website provides more detailed information about the work of dietitians and when to refer, as well as verified and evidence-based information about diet and nutrition.	Dietitians Australia

Diabetes Educator

What is Diabetes Education?

A Credentialled Diabetes Educator (CDE) is an expert in diabetes education and management. CDEs support people to self-manage their diabetes through lifestyle modifications and proper medication use. CDEs tailor education and clinical advice to each individual's situation, culture, and stage in their diabetes journey. CDEs provide in-depth knowledge across all areas of diabetes care and management to ensure comprehensive and personalised support. CDEs can help reduce the risk of diabetes-related complications.

When should I refer to a Diabetes Educators?

Any person diagnosed with any type of diabetes, pre-diabetes or at high risk of developing diabetes should be referred to a CDE. People living with diabetes should see a CDE at least annually and up to five times a year if they are at high risk of developing complications.

What do Diabetes Educators do?

CDEs educate people on their condition, including potential complications and its relationship with other health issues. CDEs offer advice and support for lifestyle changes that promote effective diabetes management and provide guidance on medication safety, including the use of insulin therapy, proper injection techniques, and checking injection sites. They educate patients on how to choose and use diabetes technology and self-monitor blood glucose levels, including proper technique and interpretation of results. CDEs encourage collaboration among the multidisciplinary diabetes care team.

How are Diabetes Educators qualified?

To qualify and practice as a Diabetes Educator, practitioners must:

- Complete a qualification in one of nine approved background professions
- Complete a graduate certificate in diabetes management,
- Meet the requirements of the Australian Diabetes Educators (ADEA) credentialling process
- Maintain certification with ADEA

CDEs may have specialised areas of practice such as: diabetes in pregnancy, paediatrics, or technology. Please note that some practitioners may call themselves diabetes educators, without being credentialled. Only CDEs credentialled by ADEA are eligible for Medicare and other government funding.

Tools and resources

1	**Find a CDE here** This page offers a searchable directory intended to help you find CDEs near you.	Australian Diabetes Educators Association
2	**Find out more here** This website provides more detailed information about CDE services, including the diabetes referral pathways website that may be relevant to all health professionals.	Australian Diabetes Educators Association

Exercise Physiologist

What is an Exercise Physiologist?

Accredited Exercise Physiologists (AEPs) are university-qualified allied health professionals equipped with the knowledge, skills, and abilities to prescribe, deliver, adapt, and evaluate safe and effective movement, physical activity, and exercise-based interventions to facilitate and optimise health status, function, recovery, independence, and participation in activities across the lifespan, including at home, school, work, and in the community.

When should I refer to an Exercise Physiologist?

AEPs are experts in clinical exercise assessment, prescription and delivery. Some of the reasons you might refer to an AEP may include:

- To improve and manage health conditions or injuries
- To improve and manage mental health conditions and associated comorbidities
- To manage and overcome persisting pain
- To improve heart health or rehabilitate after a cardiac event
- To improve recovery and manage symptoms during and after cancer treatment

What do Exercise Physiologist's do?

AEPs practice according to evidence-based models of care, which consider the whole person and factors that influence their health and well-being, and ability to function and participate at home, school, work, and in the community. AEPs screen and assess for these factors to identify client needs, preferences, barriers, and facilitators to inform recommendations and interventions. This includes but is not limited to; biopsychosocial factors, value-based care principles, person-centred care, and social and cultural determinants of health.

How are Exercise Physiologists qualified?

To practice as an AEP, practitioners must:

- Complete an Exercise and Sport Science Australia (ESSA)-accredited Exercise Physiology course
- Hold Accreditation as an Accredited Exercise Physiologist (AEP) with ESSA
- Uphold the ESSA Code of Professional Conduct and Ethical Practice
- Complete an annual continuing professional development program accruing 20 points per annum
- Hold and maintain a valid first aid and CPR certificate
- Hold and maintain appropriate professional indemnity insurance
- Meet Recency of Practice requirements

Tools and resources

1	**Find an AEP here** This page offers a searchable directory, intended to help you find an AEP near you.	Exercise and Sport Science Australia
2	**Find out more about AEPs here** This website provides information on the benefits of seeing an AEP, educational content for referrers and fact sheets for clients and professionals.	Exercise Right by Exercise and Sport Science Australia

Hand Therapist

What is Hand Therapy?

Accredited hand therapists (AHTs) are experts in the rehabilitation of finger, hand, wrist and upper limb.

When should I refer to an Accredited Hand Therapist?

There are a wide range of triggers that may lead to a person benefiting from the support of a hand therapist. Some typical reasons why someone might be referred by a GP, surgeon, or allied health practitioner include:

- Trauma to the finger, hand, wrist, elbow, shoulder or upper limb from a workplace, sporting, recreational or driving injury
- Pain from a condition such as arthritis, tennis elbow or overuse, for example, rock climbers, musicians, golfers.
- Reduced function.

What do Accredited Hand Therapists do?

Accredited Hand Therapists see patients of all ages. They treat trauma, injuries, and conditions affecting joints, tendons, muscles, and nerves, including ligament sprains, inflamed tendons, broken bones, and damaged nerves. They also treat pain and arthritis and manage post-operative wounds, scars, and swelling.

Accredited Hand Therapists specialise in custom-made thermoplastic orthoses (or splints) to rest and protect an injury in the long and short term. These may be small splints for the finger or thumb or larger for the wrist or arm. They prescribe rehabilitation exercises that improve range of motion, strength and function.

How are Accredited Hand Therapists qualified?

To qualify and practice as an Australian Accredited Hand Therapist, practitioners must be qualified as an occupational therapist or physiotherapist and registered with the Australian Health Practitioner Regulation Agency (AHPRA).

An Accredited Hand Therapist is a person who:

- is an AHPRA* registered Occupational Therapist or Physiotherapist and has demonstrated an advanced level of competence in hand therapy
- has undertaken over 300 hours of advanced upper-limb education and assessment, a one-year mentorship, and has a minimum of 3600 hours in hand therapy clinical practice
- has been assessed as qualified and competent to provide safe, evidence-based diagnosis, advice and treatment
- is awarded the credential of Accredited Hand Therapist by the Australian Hand Therapy Association Credentialing Council.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find hand therapists near you.	Australian Hand Therapy Association
2	**Find out more about hand therapy here** These pages provide information about hand therapy and common injuries and conditions.	Australian Hand Therapy Association

Medical Radiation Scientist

What is Medical Radiation Science?

Medical radiation science is the umbrella term for a range of disciplines in the field of diagnostic/medical imaging (X-ray, CT, MRI, Ultrasound etc), radiation therapy for cancer treatment and nuclear medicine for both diagnostic and treatment of cancers.

When should I refer to a Medical Radiation Practitioner?

Appointments and treatment by MRPs is generally done by referral from a medical specialist such as a general practitioner, orthopedic surgeon, oncologist, or doctor in an emergency department. MRPs assist with the diagnostic imaging needs associated with diagnosis of medical conditions, evaluation of symptoms, pre-surgical planning, monitoring and follow-up after treatment, as well as screening programs to identify conditions such as breast cancer.

What do Medical Radiation Practitioners do?

Diagnostic/medical imaging professionals work to obtain the most accurate image of the affected body area for evaluation and treatment purposes using a range of highly sophisticated hard and software. Radiation therapists work with radiation oncologists to deliver highly targeted treatment to the affected area.

How are medial radiation practitioners qualified?

To qualify and practice as a medical radiation practitioner, practitioners must complete either a 4 year undergraduate degree or a two year post graduate Masters in Medical Radiation Science. Membership of the peak body for Medical Radiation Practitioners, the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is highly recommended and available to students at no cost.

Once qualified, practitioners must register with the Australian Health Practitioner Regulation Agency (APRA) and obtain a radiation license from the relevant authority in their state. Practitioners must complete ongoing continuing professional development requirements and adhere to all standards to maintain registration.

Tools and resources

1	**Find out more about Medical Radiation Science here** This website provides more detailed information about the highly specialised profession of medical radiation science services including resources for practitioners.	Australian Society of Medical Imaging and Radiation Therapy

Music Therapist

What is Music Therapy?

Registered Music Therapists (RMTs) have specialist expertise in using music to improve health, functioning and wellbeing. RMTs use a range of therapeutic music techniques to achieve individual patient goals.

When should I refer to a Music Therapist?

There are a wide range of reasons to seek services from a Registered Music Therapist:

- Developmental delays: improving communication, physical, cognition, behavioural and social skills and function
- Mental ill health: reducing and managing symptoms, providing supportive therapies
- Grief and loss: associated with bereavement, adjustment to disability, trauma
- Pain management support for people living with chronic or cancer pain
- Chronic conditions: promoting self-management and improving function
- Dementia: supporting people experiencing behavioural and psychological symptoms, and their carers
- Neuromuscular and neurodegenerative conditions: improving function and mental health
- End of life: psychological therapies for people at end of life and their carers.

RMTs also work with groups and communities to reduce loneliness and isolation and improve social connection and inclusion.

What do Music Therapists do?

RMTs use music-based interventions to address a range of goals determined through a patient-centred assessment. Music therapy can help address a range of mental, physical, communication, cognitive, emotional or social goals. Interventions may include singing, song writing, musical improvisation, receptive music listening, psychological therapies and other speciality techniques.

How are Music Therapists qualified?

To qualify and practice as a Registered Music Therapist (RMT), practitioners must:

- Complete a Bachelor or Master's degree accredited by the Australian Music Therapy Association (AMTA)
- Maintain registration with AMTA
- Engage in continuing professional development set by AMTA
- Adhere to the Code of Professional Conduct for Music Therapists, Standards of Practice and By Laws for Complaints and Disciplinary Procedures.

Registered Music Therapists are NASRHP-regulated health professionals.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find music therapists near you.	Australian Music Therapy Association
2	**Find out more about music therapy here** This website provides more detailed information about music therapy, who to refer, fact sheets and evidence summaries and information about the profession.	Australian Music Therapy Association

Nutritionist

What is a Nutritionist?

Certified Practicing Nutritionist (CPNs) are clinically trained, degree qualified allied health professionals who practice Clinical Nutrition (also termed Nutritional Medicine). They have an independent nutritional medicine prescribing and compounding capacity underpinned by Section 42AA of the Therapeutic Goods Act and Schedule 5 Item 8 of its rules.

When should I refer to a Nutritionist?

There are many reasons why a person may benefit from consulting a CPN. CPNs focus on maintaining health and addressing the metabolic dysfunctions that drive common health issues and chronic disease states. For example, while a CPN does not directly treat cardiovascular disease, they can support cardiovascular health by addressing underlying metabolic factors, such as inflammation and insulin resistance. CPNs are trained to apply nutritional support in a range of areas including: cardiovascular health, metabolic health such as diabetes, endocrine health, immunological health, gastrointestinal health, musculoskeletal health, nervous system support, skin health, food intolerances, environmental sensitivities and physical performance.

What do Nutritionists do?

CPNs work with patients to assess their health and nutritional needs to support good health and support the remediation of disease states by using dietary modification therapy (within a nutritional medicine paradigm) and the personalised prescribing of dietary supplements for both nutrient repletion and complex nutritional medicine purposes. Outside of private practice primary care, CPNs also work in research, teaching, community and public health nutrition.

How are Nutritionists qualified?

To qualify and practice as a CPN, practitioners must complete a minimum of an AARPN accredited clinical degree program in Clinical Nutrition/Nutritional Medicine and be credentialled as a CPN by AARPN. Ongoing CPN credentialling is dependent on continuing association membership, ethics and code of conduct compliance, meeting annual CPD requirements, and currency of professional insurances, first aid, and clearances. Training includes:

- Extensive clinical practicum in Clinical Nutrition/Nutritional Medicine
- Nutritional biochemistry, pharmacology, counselling, and dietary therapy
- Clinical examination, pathophysiology, and functional pathology
- Clinical case formulation and personalised Nutritional Medicine prescribing
- Research methods/nutritional epidemiology, and Public Health Nutrition

Tools and resources

1	**Find a practitioner here** This page offers a service intended to help you find Certified Practicing Nutritionists near you.	AARPN
2	**Find out more about Certified Practicing Nutritionists here** This website provides more detailed information about Certified Practicing Nutritionist services, professional competencies, regulation and funding.	AARPN

Occupational Therapist

What is Occupational Therapy?

Occupational therapy is a client-centred allied health profession focussed on promoting health and wellbeing through 'occupation' (everyday activities). Occupational therapists support individuals, groups and communities to participate in the everyday activities (occupations) that are most meaningful to them. Occupational therapy considers all aspects of the person, the activity, and the environment that may be impacting upon participation.

When should I refer to an Occupational Therapist?

Occupational therapists support people across the lifespan whenever there is an impact on the person's performance of important everyday activities (occupations) due to developmental delay, disability, ill health, injury, mental ill health, the effects of ageing, or other impairment. For example: when daily activities are impacted by physical, cognitive, or mental health issues, after a life-altering event like injury, illness, or surgery, for children with developmental, learning, or social concerns, to support aging in place or adapt to changes in mobility, behaviour or cognition or to adapt or adjust to life or role changes.

What do Occupational Therapists do?

Occupational therapists work with people to enhance their ability to engage in the occupations they want to, need to, or are expected to do, such as self-care activities including showering, dressing, preparing food; productive activities such as education, work, volunteering and caring for others; and leisure/social activities, such as being part of a community group, engaging in a hobby, and being part of a friendship group. Occupational therapists may address barriers related to the person or modify the activity or the environment to better support their participation. Occupational Therapists work collaboratively with individuals, families, caregivers and other health professionals to offer individualised, client-centred care.

How are Occupational Therapists qualified?

To qualify and practice as an Occupational Therapist practitioners must:

- Complete a recognised undergraduate or masters level course in occupational therapy
- Meet national regulation requirements as set out by the Occupational Therapy Board of Australia for AHPRA
- Undertake a minimum of 20 hours of Continuing Professional Development each year;
- Adhere to the Occupational Therapy Board of Australia Australian Occupational Therapy Competency Standards and the OTA Code of Ethics

Occupational therapists can also obtain:

- OTA Mental Health Endorsement which enables practice under the following schemes:
    - Medicare Better Access to Mental Health initiative
    - Medicare Eating disorder treatment and management plan program
    - Department of Veteran's Affairs (DVA) mental health programs
- Registrations to practice under various state and Government schemes including Medicare, NDIS, and state and territory compensation schemes

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find occupational therapists near you.	Occupational Therapy Australia
2	**Find out more about Occupational Therapy here** This website provides more detailed information about the occupational therapy profession and services in Australia.	Occupational Therapy Australia

Optometrist

What is Optometry?

Optometrists are the principal providers of primary eye health and vision care in Australia. Optometrists mainly work in community practice settings however optometric services also provided in some public hospitals, First Nations health settings, Universities, Ophthalmology practices, Aged Care facilities and Low Vision Clinics

When should I refer to an Optometrist?

A referral to an optometrist should be considered or initiated if a patient:

- Reports any acute or chronic eye or vision symptoms or problems
- Has a systemic condition with known ocular complications (e.g. Diabetes)
- Is taking a medication with known ocular side effects (e.g. Plaquenil)
- Has a family history of eye disease
- Has not had regular routine eye examinations (many eye diseases are asymptomatic including in children with early detection critical to avoiding vision loss).

Referrals are not required for an optometric examination to qualify for a Medicare subsidy but do assist the optometrist in identify the reason for the referral, the nature of the assessment required, and supporting patient compliance.

What do Optometrists do?

Optometrists main work is in the prevention, diagnosis and treatment of both acute and chronic eye and vision problems. Optometric examination can also however play a key role in the detection and monitoring of some systemic conditions and side effects from their treatment. Optometrists can prescribe topical medicines and optical devices and refer directly to ophthalmology for surgical and other medical treatment if required.

How are Optometrists qualified?

To qualify and practice as an Australian Health Practitioner Regulation Agency (AHPRA) registered optometrist requires that practitioners:

- Complete an approved university program (currently available as a post graduate qualification in Australia)
- Undertake a minimum of 20 hours of Continuing Professional Development annually
- Maintaining recency of practice and compliance with national codes and guidelines.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find Optometrists near you.	Optometry Australia
2	**Find out more about Optometry here** This website provides more detailed information about Optometry in Australia from the peak body that represents 85% of the profession.	Optometry Australia

Orthoptist

What is Orthoptics?

Orthoptists are eye therapists who assess, diagnose and manage eye conditions. Orthoptists have expertise in visual assessment for children, those with poor vision, and those who have had stroke or brain injury.

When should I refer to an Orthoptist?

Orthoptists typically assist with addressing symptoms of eye strain or visual discomfort, suspected disorders of binocular vision or eye movement and visual difficulties occurring following stroke, brain injury or concussion and other neurological conditions. Orthoptists also undertake comprehensive visual assessment for infants and children as well as specialised visual assessment procedures for driving and for screening and monitoring ocular pathologies including, glaucoma, diabetic eye disease, macular degeneration and other chronic eye conditions.

What do orthoptists do?

Orthoptists in primary care settings diagnose and manage eye movement and binocular vision disorders. They prescribe orthoptics, eye exercises and other non-surgical management for ocular conditions. For individuals with central or peripheral visual impairment, an orthoptist can provide low vision rehabilitation including, prescription of visual aids to optimise visual function and improve quality of life. Orthoptists have expertise in vision assessment for children and often support delivery of vision screening programs.

Orthoptists may also work alongside ophthalmologists in secondary and tertiary settings, performing specialised assessments of visual function and diagnostic testing to screen, triage, diagnose, monitor and manage ocular diseases and provide pre-, peri- and post-operative care, education, health promotion and support for those with ocular conditions.

How are Orthoptists qualified?

To practice as an orthoptist, a Bachelor or Master qualification in orthoptics must be completed (Australian Quality Framework (AQF) level 7 or higher). Orthoptists are self-regulated through the Australian Orthoptic Board (AOB) and an application to register requires a degree in orthoptics from one of the recognised Australian university degrees or international equivalent. Registration with the AOB requires regular completion of endorsed continuing professional development activities.

Registration is required to perform some specialised skills including, ocular ultrasonography and prescription of glasses. In addition to AOB registration, orthoptists require membership of the professional association, Orthoptics Australia to access Medicare, NDIS and other funding.

Tools and resources

1	**Find out more about Orthoptics here** This page provides information about the work of orthoptists and resources for practitioners.	Orthoptics Australia

Orthotist and Prosthetist

What is Orthotics and Prosthetics?

Orthotist/prosthetists assess and treat the physical and functional limitations of people resulting from illnesses and disabilities. Orthotist/prosthetists are trained to prescribe, design, fit and monitor orthoses and prostheses.

An orthosis is an externally applied device designed to control biomechanical alignment, support an injury, assist rehabilitation, reduce pain, or increase mobility /independence. A prosthesis is an artificial device attached or applied to the body to replace a missing part.

When should I refer to an Orthotist/Prosthetist?

There are several reasons why people may be referred to or choose to see an orthotist/prosthetists, these include:

- To reduce pain using an orthosis, e.g. knee orthosis for arthritis
- Immobilise or support an area with the goal to aid healing, e.g. total contact casting for diabetic foot disease Prevent the progression of a disease or condition, e.g. orthotic therapy for scoliosis
- Improve mobility using an orthosis or prosthesis
- Increase functional capacity using an orthosis or prosthesis

What do Orthotist/Prosthetists do?

- Assesses clients' functional potential in their home, leisure, work and school environments, and recommends appropriate assistive technology
- Designs, prescribes and fits orthoses and prostheses
- Provides gait training, education, and continually monitors, assesses and evaluates orthoses and prostheses and treatments.
- Adjusts and modifies orthoses and prostheses.

How are Orthotist/Prosthetists qualified?

To qualify and practice as a certified orthotist/prosthetist, practitioners must:

- Complete a recognised Bachelor or Master's Level orthotic/prosthetic qualification
- Complete a minimum of 30 hours per year of continuing professional development
- Adhere to the AOPA Ethical Code and Professional Conduct
- Comply with audit requirements

Note: practitioners may choose to specialise in orthotics or prosthetics or both orthotics and prosthetics. All certified practitioners are recognised as certified orthotist/prosthetists.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find orthotist/prosthetists near you.	Australian Orthotic Prosthetic Association
2	**Find out more about orthotics and prosthetics here** This website provides more detailed information about orthotic and prosthetic services including information on orthoses and prostheses, clinical factsheets and orthotist/prosthetist scope of practice.	Australian Orthotic Prosthetic Association

Osteopath

What is Osteopathy?

Osteopaths are musculoskeletal allied health professionals whose practice is underpinned by a biopsychosocial approach. They use a combination of traditional and modern evidence-based healthcare philosophies. Their practice generally involves non-invasive therapies such as muscle soft-tissue work, joint mobilisation or manipulation, stretching and exercise prescription as well as education and advice to support the body's natural healing processes.

When should I refer to an osteopath?

There are many reasons to refer to an osteopath, such as when a muscular issue impacts the person's ability to manage day-to-day activities. Some typical situations for when to refer to an osteopath include:

- Assessment and management of neuromusculoskeletal injuries and their functional impact
- Advice on posture, positioning, improving body alignment, physical strength and conditioning
- Developmental and milestone checks in children
- Strengthening the structure of women's bodies pre- and post-childbirth
- Functional capacity assessment of injured workers for return-to-work planning.

What do osteopaths do?

Osteopaths provide musculoskeletal and nervous system assessments, manual therapy, clinical exercise programs, movement, postural and positioning advice and ergonomic assessments as well as therapeutic needling techniques, such as dry needling, trigger point therapy or acupuncture. They may also offer ongoing support and educational advice about lifestyle, stress management, diet, or other factors that may influence a person's pain, injury or movement.

How are osteopaths qualified?

To qualify and practice as a registered osteopath, practitioners must:

- Complete a dual Bachelor or Bachelor/Masters qualification.
- Register with the Osteopathic Board of Australia and adhere to the registration standards and Codes of Conduct.
- Complete a minimum of 25 hours per year of continuing professional development.
- Comply with audit requirements.

Osteopaths who have undertaken additional tertiary qualifications and can demonstrate sustained, committed practice within a particular focus area can qualify as an Advanced Practitioner through further assessment.

Tools and resources

1	**Find an Osteopath here** This page offers a searchable directory, intended to help you find osteopaths near you.	Osteopathy Australia
2	**Find out more about Osteopathy here** This website provides more detailed information about osteopathic services, including what schemes osteopaths can work within and how osteopaths can help different demographics and complaints.	Osteopathy Australia

Pharmacist

What is a pharmacist?

Pharmacists are experts on medicines and health. They support access to medicines across Australia and provide guidance on the safe and quality use of medicines to optimise health outcomes in both acute illness and chronic health conditions. They also play an important role in preventive health care (e.g. by administering vaccines) in the community to reduce people's lifetime risk of developing chronic disease.

When should I refer to a pharmacist?

A wide range of triggers may lead to a person benefiting from the support of a pharmacist. Some typical reasons why someone might be referred, or might independently choose, to see a pharmacist include:

- Counselling on the role of medicines and advice in relation to administration methods, potential side effects, drug interactions, safe storage and disposal
- Support with timely access to medicines and prescription management
- Assistance with medication adherence, such as by means of a dose administration aid, staged supply or home delivery.

What do pharmacists do?

Pharmacists provide medicines expertise in a wide range of practice settings such as community pharmacy, hospital, residential care homes, General Practice clinics and Aboriginal and Torres Strait Islander health services. Some pharmacists are credentialed to provide Home Medicines Reviews, conducted within a patient's own home upon referral from their doctor or specialist.

Pharmacists are key members of interdisciplinary healthcare teams and should be present wherever medicines are prescribed, dispensed, administered or reviewed.

How are pharmacists qualified?

To qualify and practice as a pharmacist, practitioners must:

- Complete an accredited university degree (Bachelor of Pharmacy or Master of Pharmacy), an intern training program with supervised practice requirements, and pass a registration exam
- Meet recency of practice requirements and attain a minimum of 40 continuing professional development credits each year
- Adhere to the Pharmaceutical Society of Australia's Professional Practice Standards and the National Board's Shared Code of Conduct.

Tools and resources

1	**Find a practitioner here** This page offers a searchable national directory, intended to help you find credentialed pharmacists near you.	Pharmaceutical Society of Australia
2	**Find out more about pharmacists here** This website provides more detailed information about pharmacy services, including information on the evolving role of pharmacists, as well as resources for pharmacists.	Pharmaceutical Society of Australia

Physiotherapist

What is Physiotherapy?

Physiotherapists are experts in the structure of the human body and its movement. They work with people of all ages to treat a broad range of health conditions including sports injuries and musculoskeletal conditions as well as chronic health conditions such as chronic pain, osteoarthritis, disability and neurological conditions such as stroke.

When should I refer to a physiotherapist?

Common situations where the input of a physiotherapist is sought includes:

- When someone is suffering from ongoing pain
- Following a flare up of a respiratory condition
- Following an injury at work
- On discharge from hospital to regain strength, mobility and function
- When children aren't meeting their developmental milestones
- To improve balance and prevent falls

What do Physiotherapists do?

Physiotherapists assess, diagnose, triage and treat patients across:

- Musculoskeletal and pain conditions, injuries and impairments
- Neurological conditions such as stroke
- Cardiovascular and respiratory conditions, including exercise prescription, respiratory therapy and airway clearance techniques.
- Pelvic health issues across all stages in life, including continence, pelvic pain, post-surgical conditions, post-birth trauma and reproductive and sexual health
- Paediatric conditions from neonatal to teenage years including developmental delay, neurological conditions and musculoskeletal injury and disease
- Aged care and gerontology conditions such as falls and balance issues to frailty, musculoskeletal and neurological conditions, and continence concerns.

How are physiotherapists qualified?

To practice as a registered physiotherapist and to use the protected titles of physiotherapist and physical therapist, practitioners must:

- Complete a recognised Bachelor, Masters or professional doctorate program
- Registered with the Physiotherapy Board of Australia
- Complete a minimum of 20 hours of continuing professional development and 150 hours of practice per year.

The APA Career Pathway enables physiotherapists to become Titled and/or Specialists (as awarded by the Australian College of Physiotherapists) in specific chosen areas.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory to help you find the most appropriate physiotherapist for your condition in your location.	Australian Physiotherapy Association
2	**Find out more about Physiotherapy here** This website provides more detailed information about physiotherapy services and their scope and range of practice.	Australian Physiotherapy Association

Podiatrist

What is Podiatry?

Podiatrists provide care for foot and lower limb conditions. They diagnose and treat issues across all ages, including older adults, children, and athletes. Their services include managing chronic disease complications, wounds, fall prevention, and minor surgeries. Podiatrists aim to improve mobility, reduce pain, and enhance quality of life.

When should I refer to a Podiatry?

Podiatrists work in various settings. Typical reasons for a referral or self-referral include:

- Foot, ankle, or lower limb pain
- Diabetic foot care and complications
- Wound care and management
- Sports injuries or rehabilitation
- Falls prevention and reablement
- Minor surgical intervention
- Development and prescription of orthotics and medical footwear

What do Podiatrists do?

Podiatrists provide comprehensive care for diverse patient groups, including older adults, children, high-risk patients, and athletes. They focus on reablement, falls prevention, wound management, and minor surgeries, working to improve mobility, reduce pain, and enhance quality of life through person focused care.

How are Podiatrists qualified?

To qualify as a podiatrist in Australia, practitioners must complete a four-year tertiary degree. Podiatrists must also:

- Register with the Podiatry Board of Australia and adhere to the registration standards and Codes of Conduct
- Complete 20 hours of continuing professional development annually
- Comply with audit requirements.

Podiatrists can undertake further training to become endorsed prescribers and pursue certifications in paediatrics and sports through the Australian Podiatry Association (APodA). Additional education and training allows podiatrists to become podiatric surgeons.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find podiatrists near you.	APodA
2	**Find out more about Podiatry here** This website provides more detailed information about Podiatry services, including back to school, careers toolkit and Podiatry Week resources	APodA

Psychologist

What is Psychology?

Psychology is the scientific study of the mind and behaviour, including how people think, feel and act both individually and in groups. Psychologists are experts in mental health, applying their deep understanding of human behaviour and cognition to help individuals navigate mental health and wellbeing challenges. They provide guidance about how to appropriately manage mental health for people who may be affected by diagnosable conditions such as depression, anxiety, personality disorders, and neurodevelopmental disorders

When should I refer to a Psychologist?

People may benefit from the support of a psychologist in a wide range of situations. Some typical reasons why someone might be referred, or might independently choose, to see a psychologist include:

- Symptoms of anxiety, depression or other mental health issues
- Chronic stress, trauma, disability or life events (e.g., grief and loss, parenting, natural disasters) that are impacting daily functioning, work or relationships
- Neurodivergence and behaviours that impact health and affect work, academic or social function (e.g., substance use, sleep, eating, attention difficulties)
- Chronic health conditions (e.g., diabetes, pain, dementia) where psychologists can help with treatment adherence, lifestyle changes and carer support

What do Psychologists do?

Psychologists apply evidence-based practices to conduct assessments and provide interventions that foster optimal personal, social, educational and occupational mental health, wellbeing and development. Mental health therapy may also involve psychoeducation, monitoring, and evaluation for a wide range of psychological conditions. Outside of primary care, psychologists also work in organisations, consultancy, educational psychology, and research and academia.

How are Psychologists qualified?

To become eligible for general registration as a psychologist requires:

- Completion of a minimum six-year sequence of education and training
- Registration with the Psychology Board of Australia which sets out the scope of practice, ethical standards and continuing professional development (CPD) applicable to practitioners including:
    - a minimum of 30 hours per year of CPD, and
    - adhering to the Psychology Codes of Ethics

Psychologists may pursue additional supervised practice and training in one of nine Areas of Practice Endorsement, demonstrating advanced expertise in their scope of practice.

Tools and resources

1	**Find a practitioner here or here** These pages offer a searchable directory, to help you find psychologists near you.	Australian Association of Psychologists, Australian Psychological Society
2	**Find out more about psychology here and here** These websites provide more detailed information about the work of psychologists as well as resources for practitioners.	Australian Association of Psychologists, Australian Psychological Society

Rehabilitation Counsellor

What is Rehabilitation Counselling?

Rehabilitation Counsellors are uniquely skilled, tertiary qualified and specifically trained professionals that work across the biological, psychological and social domains (biopsychosocial), to assist people with disability, health conditions and disadvantage, participate in employment or education, or live independently and access services in the community to achieve their personal, educational and vocational goals.

When should I refer to a Rehabilitation Counsellor?

Rehabilitation Counsellors work with clients on strategies to overcome obstacles and personal challenges they may be facing, For example: a hospital inpatient who has recently been affected by trauma and/or injury that may affect their financial wellbeing in the future. We also provide case management, adjustment to injury counselling or assist in primary care eg, Lung disease, acquired brain injury and spinal care units.

What do Rehabilitation Counsellors do?

Our core practice works within systems and/or schemes and not only provides therapeutic interventions but also assists clients navigate those systems to achieve positive health outcomes. We combine therapeutic approaches of counselling and use work as rehabilitation. As specialised counsellors who have a deep understanding of the impact of disability, health conditions and disadvantage on people's lives, we support people:

- living with acute and chronic pain
- with disability
- with a health condition that impacts work/study
- who have experienced an injury and/or trauma
- in the Australian Defence Force or a Veteran
- living with social disadvantage

How are Rehabilitation Counsellors qualified?

To qualify and practice as a Rehabilitation Counsellor and Full Member of the Australian Society of Rehabilitation Counsellors (ASORC) practitioners must:

- Complete tertiary qualifications in Rehabilitation Counselling
- Undertake 20 hours continuing professional development (CPD) annually
- Adhere to the ASORC Code of Ethics and uphold the standards of practice
- Comply with audit and compliance requirements and mandatory declarations.

Rehabilitation Counsellors may have additional areas of focus including Forensic Vocational Assessment (medico-legal reports), trauma informed counselling, lifetime care planning, and early intervention mental health counselling.
Please note: Rehabilitation Consultant is an industry title and therefore a Rehabilitation Consultant may not be a qualified Rehabilitation Counsellor.

Tools and resources

1	**Find a Rehabilitation Counsellor here** This page offers a searchable directory, intended to help you find Rehabilitation Counsellors near you.	The Australian Society of Rehabilitation Counsellors (ASORC)
2	**Find out more about Rehabilitation Counsellors here** This website provides information about Rehabilitation Counselling services and Health Benefits of Good Work	The Australian Society of Rehabilitation Counsellors (ASORC)

Social Worker

What is Social Work?

Social workers partner with people to address personal difficulties and structural barriers in their lives, with a focus on personal and social wellbeing. They work with a wide range of individuals, families, groups and communities and advocate for their human rights

When should I refer to a Social Worker?

Social workers work with people experiencing difficulties related to family violence, physical and mental ill-health, addiction, trauma, abuse, poverty, homelessness, and social injustice and discrimination. Social workers work with people via one-on-one counselling, casework, group work, advocacy, community development, policy, research and education.

Accredited Mental Health Social Workers (AMHSWs) are recognised Medicare providers who deliver mental health services via the Better Access scheme, and people with a Mental Health Treatment Plan can be referred to access Medicare rebates. AMHSWs also provide other MBS-funded services such as Chronic Disease Management, Non-Directive Pregnancy Support Counselling, and Eating Disorder Psychological Treatment.

What do Social Workers do?

Social workers undertake comprehensive biopsychosocial assessments with people to understand their history/background and current circumstances, including work, family and relationships, housing, and physical and mental health. Social workers help people navigate and access information across service systems and advocate on their behalf. Accredited Mental Health Social Workers (AMHSWs) use a range of strategies to support people experiencing mental health issues. These social workers have advanced experience, skills and knowledge in mental health and deliver evidence-based treatments.

How are social workers qualified?

Social work is a university-qualified profession. Many social worker roles mandate eligibility for membership of the Australian Association of Social Workers (AASW). This requires completion of an AASW-accredited tertiary social work qualification or equivalent overseas qualification. Practitioners must undertake 1000 hours of supervised professional placements. To practice as an Accredited Mental Health Social Worker (AMHSW), social workers must meet rigorous additional accreditation criteria and ongoing requirements. AMHSWs are recognised providers with Medicare Australia as well as other mental health funding programs. All members of the AASW:

- Adhere to the AASW Code of Ethics
- Are subject to the Ethics and Complaints Process

For AMHSWs, accreditation involves:

- At least 2 years FTE supervised post-qualifying experience in a mental health setting
- Annual mandatory 30 hours of CPD, including supervision
- Demonstration of ability and knowledge of clinical mental health social work practice

Tools and resources

1	**Find a Social Worker here** This page offers a searchable directory, intended to help you find social workers near you.	Australian Association of Social Work
2	**Find out more about Social Work here** This website provides information about social work practice as well as resources for social workers.	Australian Association of Social Workers

Sonographer

What is Sonography?

Sonographers are experts in ultrasound who perform real-time, customised, diagnostic examinations using non-invasive, high-frequency ultrasound to ‘see’ inside the body. Ultrasound is the most requested diagnostic imaging modality in Australia. It is widely available and carries a lower cost and risk than most other medical imaging techniques.

When should I refer to a Sonographer?

Medical practitioners often seek a sonographer’s examination to assist in the diagnosis of a wide range of health issues. As ultrasound is so effective at showing the structure of soft tissue inside the body, sonographers can check fetal development during pregnancy, review the structure and function of internal organs and systems as well as investigate the root cause of a person’s unexplained pain, lumps, or an abnormal blood test.

While a referral from a medical practitioner is not always required for ultrasound services, it is needed for the patient to claim Medicare benefits.

What do Sonographers do?

Sonographers use medical and technical expertise to explore, detect, examine and capture images or video (sonograms), record measurements such as the size of a tumor or length of a fetus, and measure the blood flow through vessels.

The information sonographers collect gives health professionals a more complete picture of a person’s physical condition to help with diagnosis and treatment of a broad range of conditions. Some sonographers specialise in particular areas, including obstetric, cardiac and vascular sonography.

How are Sonographers qualified?

To qualify and work as a Sonographer, practitioners must:

- Complete a recognised post graduate qualification
- Complete clinical training of up to 2,200 hours or three days per week over two years
- Complete continuing professional development through a recognised program.

For a sonographer’s examinations to be eligible for Medicare rebates, they must also be accredited by the Australian Sonographer Accreditation Registry (ASAR). Sonographers may also undertake specialist qualifications in obstetric, cardiac and vascular sonography.

Tools and resources

1	**Find a practitioner here** This page offers a searchable directory, intended to help you find Sonographers near you.	The Australian Sonographer Accreditation Registry (ASAR)
2	**Find out more about sonography here** This website provides more detailed information about sonography services, including an overview of ultrasound services and the health profession of sonography.	The Australasian Sonography Association (ASA)

Speech Pathologist

What is Speech Pathology?

Speech pathologists are experts in communication and swallowing across the life span. They diagnose and treat communication and swallowing needs due to delay, disorder, disability, impairment, loss and to meet individual and community goals. Communication includes speaking, listening, understanding language, reading, writing, social skills, stuttering and using voice. Swallowing includes orally eating and drinking, sucking, saliva control, mealtime participation and protecting the lungs from food, drink and saliva.

When should I refer to a speech pathologist?

Anyone can see a speech pathologist to improve their communication and/or swallowing. The reasons for referral may include:

- Speech that is difficult to understand
- Difficulties with learning to read or spell
- Difficulties with language following an acquired brain injury
- Needing alternative methods to communicate, for example an electronic communication device
- Following surgery to the tongue or voice box

A person does not need a referral to see a speech pathologist. However, they might need one to access Medicare or government funding.

What do speech pathologists do?

Speech pathologists work with individuals, their families and communities to support communication and swallowing goals. Speech pathologists work in education , private practice, early intervention, disability services, hospitals, community and home services, residential aged care, Aboriginal and/or Torres Strait Islander health, justice, mental health, universities and government.

How are speech pathologists qualified?

Speech Pathology Australia (SPA) sets and maintains the standards for speech pathologists in Australia. To practice as a Certified Practising Speech Pathologist (CPSP) practitioners must:

- Complete an Australian accredited speech pathology Bachelor or Master degree or if qualified overseas successfully complete a Skills Assessment.
- Adhere to Speech Pathology Australia's Code of Ethics
- Complete a minimum of 20 hours professional development per year
- Maintain recency of practice
- Comply with audit requirements

Only speech pathologists with CPSP status can provide services through Medicare or other government funding.

Tools and resources

1	**Find a speech pathologist here** This page offers a searchable directory, intended to help you find speech pathologists near you.	Speech Pathology Australia
2	**Find out more about speech pathology here** This website provides more detailed information about the work of speech pathologists as evidence-based information about speech, language and communication needs.	Speech Pathology Australia

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