

Development of the Australian Teaching and Training Classification – public consultation

Tasmanian Department of Health and Human Services

1. Are the current variables included in the ATTC Version 1.0 relevant to clinicians, health service managers, and other stakeholders?

Yes. However, Tasmania believes that Allied Health needs to be defined at the profession level for the data to be meaningful and for it to provide an accurate measure of teaching and training undertaken by each profession. There is a great deal of difference in the numbers of hours of supervised practice required for each Allied Health profession, for students to meet the course accreditation requirements. It varies from approximately 800 hours to 1500 hours. The Psychology and Pharmacy Boards of Australia also have requirements for graduates to complete internships before being eligible for general registration. As such, these professions will have significantly higher Teaching and Training costs compared to many other professions.

2. Are there any further considerations in relation to the proposed structure?

Allied Health Professions Australia (AHPA) have a definition for allied health professions. This has been used by the National Allied Health Data Working Group as the basis for defining the 'Provider Profession' code set in the National Allied Health Best Practice Data Set. This code set is not inclusive of all AHPs, as many AHPs do not work in the Australian public system in admitted, ED, non-admitted (outpatient) settings (i.e. osteopathy; chiropractors), or have established data collection practices to meet their needs i.e. pharmacy, oral health therapists/dental therapists, radiation therapists, medical imaging. As such, while it is important to define allied health at the professional level, it will be challenging to arrive at a consensus at a national level.

Tasmania's Allied Health already collects teaching training and research data in their current statistics systems as do many other allied health disciplines in other states. Will there be support and funding to assist jurisdictions to go through a mapping process with any new definitions?

3. Are there other variables which should be considered in future versions of the ATTC?

- *A defined list of Allied Health professions.*
- *This is also an opportunity to collect powerful workforce planning information, such as which institution students are enrolled with.*
- *The level of qualifying education certification needs to consider how to define 'graduate entry masters' programs (undergraduate) to effectively*

differentiate between them and post graduate masters programs. IHPA may also need to define 'internship'.

- *From this consultation document only teaching and training of "trainees" appears to be considered. Many professions in public hospitals also spend considerable time on teaching and training for other qualified professionals in interdisciplinary models of care. Does the definition of teaching and training in the ATTC include inter-professional teaching and training?*

4. What supporting material would be beneficial for the ATTC?

- *Consideration of the Allied Health Best Practice Dataset (proposed) may be beneficial.*
- *Data definitions consistent with Meteor conventions including definition, permissible values/code set, guide for use etc, and training resources to support implementation.*

5. What communication avenues and methods should IHPA consider in order to inform and engage stakeholders of the ATTC and future ABF for teaching and training?

- *Combined approach to communication via Health Departments and hospital facilities/services.*
- *AHPA is a peak body comprised of membership of professional associations which largely represents AHPs working in the private sector. The National Allied Health Advisors Committee is comprised of Chief Allied Health Advisors from each Australian jurisdiction and a Commonwealth Department of Health representative from the Chief Allied Health Officer's Office. This body has overseen the development of the National Allied Health Best Practice Data Set and could advise IHPA regarding allied health teaching and training in the Australian public sector.*

6. Are there particular aspects or areas of the ATTC that should be prioritised in its development, or aspects that should be developed at a later stage?

- *Defining the list of Allied Health professions should be a priority for commencement, as it will be very complicated. This could be undertaken in consultation with the National Allied Health Advisors Committee and each jurisdiction's Chief Allied Health Advisors and health services.*

7. Are there any further considerations that should be taken into account when developing the ATTC?

- *Given the breadth of allied health professions, the ability to record and collect this data will be challenging, and it is likely to take some time to*

amend existing Information Systems, or develop new Information Systems to capture this information accurately. Collecting new data also comes with managing a major change process, which is also time consuming and resource intensive.

- *Given the limited buy in from jurisdictions in the ability to report against the HTTRA, is it realistically feasible to commence reporting against the ATTC from 1 July 2019?*