

COMMUNIQUÉ

AUSTRALIAN ALLIED HEALTH SUMMIT

Newsletter

October, 2004

On 9th October, 2004, fifty participants at the Australian Allied Health Summit resolved to progress the development of an Australian Allied Health Alliance. The Summit gathered together a wide range of interested parties, including state Allied Health bodies; national bodies such as Services for Australian Rural and Remote Allied Health (SARRAH) and the Health Professions Council of Australia (HPCA), specific issue bodies such as the National Allied Health Casemix Committee (NAHCC) and the National Allied Health Benchmarking Committee (NAHBC); as well as the University Health Science Faculties covering Allied Health.

The Australian Allied Health Alliance (AAHA) is proposed as a national peak body, representing all of those in the broad Allied Health sector.

The AAHA will create a cohesive and comprehensive Allied Health voice by building upon the variety of Allied Health profession sectors, modes of delivery and geographic regions, whilst acknowledging the continued unique role and function of individual member groups and bodies. The organisations that are members of AAHA will include both professional and the broader range of Allied Health interests.

The Summit included an important discussion on the Health Professions Council of Australia, which has functioned as a peak body for twelve key Allied Health professional organisations in the public and private sectors for more than a decade. HPCA has provided input to the Australian Government and other decision making bodies on health policies and services across Australia. The HPCA has provided an important forum for these professional associations to exchange information, collaborate and provide considered viewpoints on health issues in Australia.

Services for Australian Rural and Remote Allied Health (SARRAH) also serves as a national peak body, with a specific focus on rural and remote issues, and has spoken effectively on behalf of rural and remote Allied Health services since its inception in 1995. SARRAH is a member body of the National Rural Health Alliance (NRHA).

There is currently no formal national organisation representing Directors of Allied Health Services, University Health Science Faculties covering Allied Health, or the State Allied Health organisations, but all these will be represented on the new AAHA.

All of these organisations share a common focus on the importance of high quality Allied Health services for the benefit of Australian consumers nationwide.

It is acknowledged that, whilst the role and activity of both the HPCA and SARRAH are significant at a national level, the Allied Health representation provided by these two organisations can only reflect the specific interests of their membership. A more inclusive body is now required to reflect broader Allied Health interests and the Summit discussed the possibility of using a remodelled HPCA as a basis for the new AAHA. It was acknowledged that the HPCA infrastructure was established and could advantage the development of a new body. It was agreed that the Summit would focus primarily on the key principles for a new organisation rather than the means for operationalising the new model.

The major issues identified by the Summit participants were as follows:

- There is currently no national 'umbrella' group which is inclusive of all these groups.

- Some key stakeholders are excluded from national organisations under current membership rules.
- The preferred outcome for both Allied Health and Government interests is one peak body; for governments this would provide a clearly defined avenue for reaching all Allied Health interests. Such a new body could be based on a redesigned and re-constituted HPCA or a new peak body of which existing associations would become part. The specific interests and functions of member associations will continue to be recognised and unconstrained by membership of the new AAHA.
- The government representatives at the Summit identified the need for clearly defined avenues to reach all Allied Health

interests and indicated they would have no difficulty dealing with more than one peak body should this be the outcome.

- The Summit participants resolved to achieve a national peak organisation with an inclusive approach to membership where no key Allied Health stakeholder group is disenfranchised. The drive to setup a new organisation would achieve representation of all Allied Health perspectives, cohesion and leadership for an Allied Health workforce and directions, and provide access to a rapid, integrated response and reference point on Allied Health issues and viewpoints.

A robust discussion was undertaken in which the philosophy, vision, mission, objectives, membership and potential governance of the new organisation were agreed as follows:

Vision:

The Australian Allied Health Alliance advances the health and wellbeing of Australians.

Mission:

As the peak national Allied Health organisation, the Australian Allied Health Alliance will be the leading Allied Health *voice/force* for an integrated approach to consumer-centred policy and reform.

Objectives:

In order to achieve its mission, the objectives of the Australian Allied Health Alliance are to:

- Provide national leadership on future directions for Allied Health which affect consumer health and well being.
- Provide effective representation of Allied Health interests in the development and implementation of Government policies.
- Harness Allied Health expertise in all sectors to develop and advocate for Allied Health policy on key issues.
- Encourage focused communication between Commonwealth, State and Territory jurisdictions and Allied Health bodies in relation to government initiatives and policy development.
- Encourage national marketing and promotion of Allied Health services.
- Develop strategic partnerships with aligned non-Allied Health groups.
- Promote international linkages to enhance cutting edge status at all times.
- Promote safety and best practice in Allied Health service provision.

- Promote Allied Health education and research.
- Promote the recruitment and retention of Allied Health clinicians.
- Enhance cooperation on Allied Health between tertiary education and service delivery sectors.
- Ensure inclusivity of Allied Health groups in the membership to ensure a wide voice and strength of Allied Health.
- Ensure active engagement of consumer groups.

Criteria for Membership and Governance in the AAHA:

Many groups are not incorporated or have been formed for specific purposes. It was agreed that the guiding principles for membership and governance of the new organisation should be:

- emphasis on inclusivity,
- consumer focus, and
- continuing to increase the strength of the Allied Health's voice with fairness for all Allied Health professionals

The following are the general views of the participants and will form the basis of further discussion by the Steering Committee.

Eligibility Criteria:

- Membership is open to organisations only (not individuals). It was generally agreed non-national groups need to have access to the AAHA, eg via associate membership or may become task groups for the peak body. It was acknowledged that a focus on national level memberships could give an impetus for groups to develop national perspectives and organisations.
- A properly constituted organisation.
- Inclusive, not restricted to incorporated organisations but members need to have a majority Allied Health membership. The mechanism for consumer

representation was yet to be resolved.

- Need to share the vision and mission and have goals and objectives consistent with AAHA.
- It was recognised that individuals may have multiple representation routes.

Governance: Principles of how AAHA wants to work

- Delegates must be effective representatives from member body to Council.
- Whilst not specifically discussed, the original proposal suggested that the AAHA Council could consist of a representative from each member group. A small Executive could be elected by Council, and the Executive elect office bearers.
- Committee structures and their governance would be worked out as the need arises.
- The AAHA will not do what is better undertaken by a member body for itself and by itself. Trust is essential for the AAHA to be effective.
- Voting processes need to be defined. There could be one vote per member or a weighting of votes dependent on the size of each organisation's membership. However, the need for rapid response to issues is critical to this decision of voting membership.

- The governance structure will need to have a process for handling differences, eg right of veto by any member; an agreement that, if no response obtained by a due date, it is

assumed the member organisation endorses the proposal; democratic or consensus models.

At the end of the day the following motions were considered and carried:

RESOLUTIONS

- **THAT** the attendees at the Australian Allied Health Summit on 9th October, 2004, endorse the principle of one national Allied Health peak body.
- **THAT** attendees at the Australian Allied Health Summit on 9th October, 2004, endorse Sue Rowell (chair), Debbie Law and David Rhodes (Allied Health Managers), Lyn Littlefield and David Malone (HPCA), Shelagh Lowe (SARRAH), Val Robertson (University Sector) and Gordon Gregory (NRHA) to be the AAHA Steering Committee to develop a:
 - model based on the discussions held on 9th October, 2004, incorporating evaluation within nine months of the new organisation's formation;
 - implementation and communication plan;
 for the proposed Australian Allied Health Alliance by the end of 2004 with a view to launching the new organisation at the 6th National Allied Health Conference in Melbourne in February 2005.
- **THAT** the Organisers of the Australian Allied Health Summit on 9th October, 2004, release a communiqué to the original list of invitees on the outcomes of the Summit.
- **THAT** the AAHA Steering Committee disseminate the proposed model by 15th January, 2005, to attendees at the 9th October, 2004, Summit and that a two-thirds majority be required for its endorsement by that group.
- **THAT** if the AAHA Steering Committee are unable to reach a consensus by the end of 2004 or the model is not endorsed, then the 6th National Allied Health Conference in Melbourne in February 2005 will be the forum for further discussions.
- **THAT** attendees at the Australian Allied Health Summit on 9th October, 2004, consider networks and alliances within their respective jurisdictions with a view to advocating for network development to address identified gaps.

The Australian Physiotherapy Association offered to host and underwrite the cost of a launch of the new organisation at 6th National Allied Health Conference in Melbourne in February 2005 or fund a further workshop if required.

The Steering Committee has arranged to meet by teleconference on 22nd October and will

hold a further meeting on 3rd November to develop the proposed model in detail.

For information contact Sue Rowell.

Sue.Rowell@health.wa.gov.au

Tel: (08) 9340 8720

Fax: (08) 9340 7624