

NSW Allied Health Advisory Network

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NSW HEALTH



NSW at a Glance

- **In 2003 - 6.6 million / By 2017 - 7.3 million**
 - **Approx 5.1 mil (78%) reside in urban areas**
 - **Approx 1.5 mil (22%) live in rural & remote areas**
- **Approx 120,000 (2%) identified as Aboriginal & Torres Strait Islander peoples**
- **30.1% of the NSW population born overseas**
- **25% speak a language other than English at home**
- **General population life expectancy = † 81.9 yrs, † 76.4 yrs**
- **Indigenous est life expectancy = approx 20 yrs < non-indigenous people**
- **Half are over 35 years old**
- **9.2% are 70+ years old /By 2017, 11.3% will be over 70+ yrs**

NSW Allied Health Profile

- AHP = 7112 FTE or 11.62% of total health professional workforce
 - Largest AH professions = MRS, Soc Work, PT, OT
 - Smallest AH professions = Aud, Orth/Prosth, Pod
- Rural = 1867.4 FTE or 26.3% of total AHP workforce
- Predominately female
- Predominately Australian-trained
- Younger (av age 37 yo) than medicine or nursing with some exceptions such as MRS, Aud

Critical Factors

- Ability to express professional autonomy in clinical practice
- Participate in clinical service decision making
- Feel professional opinion is heard and valued

AHP Advisory Network Structure



Terms of Reference

- Purpose
 - To provide an efficient mechanism for liaison & consultation with AHP on workforce policy & strategy
- Objectives
 - Be able to engage with representatives of the Dept on the strategic development of health initiatives across NSW
 - Be a conduit for collaboration & communication between the discipline(s) & the Dept via the CAHO
 - Be a resource for providing AHP and AH discipline-specific advice to the CAHO to inform policy and service development

Role and Function

- Area Allied Health Directors/Advisors
 - provide leadership
 - improve consistency in service policy, patient care matters and management
 - improve inter-Area collaboration

- Area Discipline Advisors
 - point of reference on discipline specific professional matters
 - professional consistency within respective disciplines across AHS
 - conduit for communication & information sharing

Interdisciplinary Collaboration

- Annual Joint Planning Day Meeting with Area Directors of AH and Area Discipline Advisor Chairpersons
- Representation for strategic policy working parties
- Liaison with Clinical Service and Speciality Service representatives
- Rural service and workforce working parties and taskforces

Reflections for the future

- Reconciling “Allied Health”
- Strategic vs professional perspective
- Operational vs strategic structure
- Advice vs lobbying

References

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