

3 March 2025

Anita Hobson-Powell
Chief Allied Health Officer
Australian Government
Chair of Steering Group, Draft National Allied Health Workforce Strategy
Via email: caho@health.gov.au

Dear Ms Anita Hobson-Powell,

RE: RACGP submission to the Department of Health and Age Care's Draft National Allied Health Workforce Strategy

On behalf of our members, the Royal Australian College of General Practitioners' (RACGP) is pleased to provide our views on the Department of Health and Age Care's (DoHAC's) Draft National Allied Health Workforce Strategy (the Draft Strategy). We appreciate the opportunity to contribute to this critical strategy which aims to shape the future of the allied health workforce in Australia.

We recognise the rising demand for health services driven by Australia's growing and ageing population, as well as the increasing prevalence of chronic diseases. These trends underscore the critical role that allied health professionals play in supporting patients with their health needs, particularly in the context of primary care and disease management.

However, we believe there is a missed opportunity in not highlighting general practice as a key setting for allied health professionals to work within meaningful multidisciplinary care teams (MDCTs). General practice is the first point of contact for the health system for most Australians¹, and plays a critical role in providing patient-centred care. Therefore, it should be given stronger recognition within the Draft Strategy.

A well-resourced general practice sector is essential to addressing the existing and future challenges facing patients, funders and healthcare professionals, including allied health. We support funding reforms and investment in general practice that will enhance the delivery of specialist general practitioner (GP)-led multidisciplinary care that meets the health need of patients, in a culturally informed way, wherever they live. General practice MDCTs are the cornerstone of primary care, with many different models (including virtual) functioning within the general practice. We also highlight the growing need for government to emphasise and promote the importance of effective communication between allied health professionals and their patients' GP. Strengthening this collaboration is essential to ensuring comprehensive patient care and improving health outcomes.

Building robust MDCTs within general practice is a strategic priority for the RACGP. In line with this, [we are asking](#) the Federal Government and its DoHAC fund several relevant measures in the 2025-26 Federal budget via:

1. **Increasing the Workforce Incentive Program (WIP) – Practice Stream** to support the establishment and sustainability of general practice-based MDCTs.
2. **Targeting additional WIP funding to support pharmacists working in general practice**, recognising their integral role in collaborative, patient-centred care.

¹ Australian Institute of Health and Welfare. (2024). *General practice, allied health and other primary care services*. Retrieved from <https://www.aihw.gov.au/reports/primary-health-care/general-practice-allied-health-primary-care>



3. Establishing a **Clinical Governance Taskforce** to develop, test, and refine models for MDCTs in general practice, ensuring that they are practical, scalable, and effective.

The DoHAC has also [demonstrated](#) intention on strengthening multidisciplinary care teams in general practice, through their various reform consultations, including but not limited to the Review of General Practice Incentives, Scope of Practice Review and the funding of Primary Health Networks to commission multidisciplinary care teams in small and solo general practices. It would be remiss of the National Allied Health Workforce Strategy not to reinforce the DoHAC's stated priorities and capitalise on these.

We look forward to working with you and the DoHAC to ensure that general practice is fully integrated into future allied health workforce strategies, and that appropriate funding and policy changes are made to support the delivery of comprehensive, multidisciplinary care to all Australians.

I would welcome the opportunity to discuss these issues further. If you have any questions or concerns regarding this letter, please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au.

Yours sincerely,

Dr Michael Wright
RACGP President

Appendix: Detailed feedback

We highlight the benefits of integrating allied health professionals into general practice for the specific needs of particular patients relating to the expertise of an allied health professional, for contributing to overall chronic disease and multimorbidity management, and for emerging programs like social prescribing. This integration enhances patient care, promotes better health outcomes, and reduces healthcare system strain, but only when care is effectively coordinated. For example, allowing direct access to physios may improve access for those who can afford to pay, but could reduce access for those in greater need, particularly those unable to afford it.

Integrating allied health professionals in general practice improves the coordination of care, addressing physical, mental, and social health needs in one setting. We also agree with the focus on an Indigenous Allied Health workforce for the importance of culturally safe care. This collaborative approach ensures timely access to services such as physiotherapy, dietetics, and mental health support, reducing hospital admissions and improving continuity of care.

We also agree that funding models need to be reformed to better support and incentivise multidisciplinary team-based approaches to care. The [Strengthening Medicare Taskforce Report](#) encourages multidisciplinary team-based care, emphasising the importance of these practitioners working in a collaborative and coordinated manner with the patient at the centre. The RACGP supports the implementation of MDCT in general practice. We support Action 3.3 in the Draft Strategy (p. 20) and support pathways and incentives to increase allied health professionals in a variety of settings and support general practice as one of these.

General practice should serve as the central coordination point for multidisciplinary care teams in primary care. This role can be fulfilled physically (teams working collaboratively under the one roof) or virtually (teams working collaboratively in separate physical locations, but under one virtual roof).

GPs must be included in any multidisciplinary primary care team. GPs are trained to lead multidisciplinary care teams. **GPs are experts in undifferentiated symptoms, differential diagnosis, chronic disease management, complex multimorbidity and judicious and coordinated use of finite medical resources.** Multidisciplinary care teams should include a GP and patients must be able to access their GP when required. Allied Health Professionals are experts in their field and add to the range and quality of care for patients, however oversight from GPs is essential. In addition to their clinical skills, GPs function as patient advocates and help patients navigate the health system. They can prioritise health needs, plan and coordinate care and avoid expensive duplication and fragmentation.

The inclusion of general practice in the Draft Strategy would help to address the important issue of clinical handover, care coordination, and the critical role that general practice plays in the overall healthcare system. We urge the Department to consider the potential benefits of integrating allied health professionals within general practice teams, both in terms of improving patient outcomes and enhancing the efficiency of care delivery.

The Draft Strategy's Priority One: Enhance the impact of allied health professionals outlines actions to *"Implement tailored and meaningful funding mechanisms subsidies and incentives to better facilitate integration of allied health professionals into broader healthcare teams"* (Action 1.3, p. 14). In addition, we urge the inclusion of the Strengthening Medicare Taskforce Report which specifically recommends increasing investment the Workforce Incentive Program to support multidisciplinary teams in general practice.

The Draft Strategy highlights scope of practice limitations and lack of defined allied health career pathways as contributors to allied health attrition (p. 22). Emphasis on general practice as a key setting could contribute to alleviating this attrition. RACGP's response to the Unleashing the Potential of our Workforce – Scope of Practice Review called for increased funding for multidisciplinary team care in general practice settings, particularly around chronic disease management.