



Australian Government

Department of Health and Aged Care

Allied health quality indicators – Frequently asked questions and answers

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Allied health professions for inclusion and qualifications

1. What professions are considered ‘allied health’ for inclusion in the allied health staffing quality indicator?

For the purposes of the National Aged Care Mandatory Quality Indicator Program (QI Program), professions within allied health services are consistent with the current definitions in the Quarterly Financial Report (QFR).

Included professions are physiotherapists, occupational therapists, speech pathologists, podiatrists, dietitians, allied health assistants, and ‘other allied health’.

‘Other allied health’ includes art therapists, audiologists, chiropractors, counsellors, diabetes educators, exercise physiologists, music therapists, osteopaths, psychologists and social workers.

2. In the context of the new indicators, are psychologists categorised as ‘medical’, ‘other allied services’ or another category of workforce?

Psychologists are listed under ‘other allied health’ in the data guidance for the QFR. They are therefore considered to provide allied health services under the QI Program.

The [QFR data definitions template](#) contains the full list of allied health professions included in reporting.

3. Can university students and supervisor visits be included in allied health visits?

Supervised university students providing allied health services that are recommended in the resident’s care plan would be included as part of this QI. This is provided that the supervising clinician is defined as an allied health professional for the purposes of the QI Program (see **Question 1**).

4. Are allied health assistants included although they may not be university trained or registered as a health professional?

Allied health assistants (AHAs) are included in the new allied health QI. They work under the supervision and delegation of allied health professionals to provide allied health services to residents and are included in the QFR definition.

There is no requirement for AHAs to be university qualified or registered according to current QFR and QI program policy.

5. Allied health professionals have been identified as being university qualified health professionals. Does this mean we are only to count services from allied health practitioners that have completed their university qualifications?

It is acknowledged that the term ‘Allied health professionals’ covers a diverse group of disciplines and there is not currently a universally agreed definition. However, they are commonly university qualified and therefore described in this way in QI Program guidance.

The QFR outlines the following registration and credentialing requirements for each of the included disciplines:

- Physiotherapists must be registered with the Physiotherapy Board of Australia.
- Occupational therapists must be registered with the Occupational Therapy Board of Australia.
- Speech pathologists must be recognised as Certified Practising Speech Pathologists by Speech Pathology Australia.
- Podiatrists must be registered with the Podiatry Board of Australia.
- Dietitians must be recognised as Accredited Practising Dietitians with the Dietitians Australia.
- Art therapists – who are a Professional Member with the Australian, New Zealand and Asian Creative Arts Therapy Association.
- Audiologists – who are either certified as an Audiology Australia Accredited Audiologist by Audiology Australia or as a Full Member as an audiologist with the Australian College of Audiology.
- Chiropractors – who are registered with the Chiropractic Board of Australia.
- Counsellors – who are either a member of the Australian Counselling Association or an accredited Registrant with the Psychotherapy and Counselling Federation of Australia.
- Diabetes educators – who are Credentialed Diabetes Educators with the Australian Diabetes Educators Association.
- Exercise physiologists – who are an Accredited Exercise Physiologist with Exercise and Sports Science Australia.
- Music therapists – who are an Active “Registered Music Therapist” with the Australian Music Therapy Association.
- Osteopaths – who are registered with the Osteopathy Board of Australia.
- Psychologists – who are registered with the Psychology Board of Australia.
- Social workers – who are a member of the Australian Association of Social Workers.

This information can be accessed on the [Quarterly Financial Report resources webpage](#) by viewing the most recent ‘quarterly financial report data definitions’ residential expenses and hours tab.

6. Are optometrists included? They are not listed in the QFR but would meet the definition of an allied health professional.

For the QI Program, providers are only required to capture allied health disciplines already captured in QFR, and this is consistent across the two data points. Optometrists are not currently captured in QFR so they do not need to be reported for the QI Program.

7. Diabetes educators are included in your list as allied health ‘other’, however most diabetes educators are registered nurses (RNs) and nurses are not to be included. Do we need to find out their qualifications?

As outlined in question 5, diabetes educators captured under the QFR definition need to be ‘credentialed diabetes educators with the Australian Diabetes Educators Association’. For

the purposes of QI reporting, it is not necessary to determine whether they have a nursing or an allied health background outside of their diabetes educator role.

8. Will the definition of 'allied health' be updated as new professional groups are added to Allied Health Professions Australia?

The definition of allied health, and inclusion of specific professions, will remain consistent with the QFR. Any future changes will be reflected in the staffing QIs.

9. For the 'percentage of recommended allied health services received' indicator, do providers only need to report on allied health services paid by the service via salaries and/or invoices paid to agency/contractor staff?

The intent of the 'Percentage of recommended allied health services received' data point is to measure whether recommended allied health services have been received, therefore providers need to report any recommended allied health services received from any of the included allied health professions, regardless of whether they have received invoices or paid salaries for them.

Definition of 'recommended' and 'received' services

10. What is a 'recommended' allied health service, and who can make the recommendation? Does it include requests from care recipient/family?

A 'recommended' allied health service is any allied health service included in a residents' care plan or progress notes (see ['definition of a care plan'](#)).

Recommendations and requests for allied health services need to be documented in residents' care plans and/or progress notes to be included in the 'percentage of recommended allied health services received' QI data point. The source of the recommendation should also be recorded. This could be from a health practitioner or a request from a care recipient or their representative.

If allied health services were considered for the resident, then determined to be not required, and no referral was sent this would not be considered a 'recommended' allied health service, and care plan documentation should be updated to reflect this.

11. Does the recommendation have to be a referral? Can it include routine referrals e.g. after a fall?

The recommendation can be through a referral or another type of service request.

If a referral is sent to an allied health service this should be included in the resident's care and services plan and recorded as recommended for this data point.

For example, if the service policy states a resident must receive physiotherapy after a fall, this is a 'recommended' service for the quarter in which the fall occurred. This is provided that the recommendation is documented in the care and services plan/progress notes.

12. What happens when the care plan states that an allied health service is recommended as required or annually?

When an allied health service is required annually, this service should be recorded as 'recommended' in the quarter in which it is due. If the service is then received in that quarter, it would also be recorded as 'received', provided correct documentation is included in the resident's care plan and/or progress notes.

An allied health service that is recommended 'as required' should be recorded as 'recommended' in the reporting quarter when the service is required. If the service is then received in that quarter, it would also be recorded as 'received'.

13. What is the definition of having 'received' allied health services? How does a home document this for each type and where?

For the QI Program, a recommended allied health service has been received if the appointment/visit occurred and was documented in the reporting quarter. This needs to be recorded in the resident's care and services plan and/or progress notes.

14. What happens if an allied health service is recommended but the resident declines the service?

If the resident has a recommendation for an allied health service but then declines the service, this would be counted as 'recommended' but not 'received' in that reporting quarter. In this situation we encourage the provider to include a comment in Government Provider Management System (GPMS) to say that the service was recommended but was declined by the resident.

Definition of a care plan

15. What documents are considered the resident's care plan for the purposes of the QI Program?

According to Standard 2 'Assessment and Planning' of the Aged Care Quality Standards, a care and services plan should:

- document and reflect the results of assessment and planning for each resident
- include a person's needs, goals and preferences, and be available to the resident in a way they can understand.

There is no prescribed format that the care and services plan must take.

It can be a single document or several documents that show an overview of the care and services to be delivered.

It should be accessible to residents, carers, and staff providing care and services.

Allied health recommendations listed in progress notes are sufficient for this data point.

An allied health letter of referral that can be uploaded into software and supported by a progress note would meet the requirements for a 'recommended' service. Likewise, the provider's resident care plan or care plans created and managed by general practitioners (GPs) or allied health professionals would be included.

16. Some allied health professionals do not record on the care plan, they either send a digital/written report or write a progress report. Are these counted?

This documentation would be included as part of the 'percentage of recommended allied health services received' data point.

There is no prescribed format that the care and services plan must take. Written progress reports provided by allied health professionals are considered documentation of care and services that they will deliver to residents.

Clinical versus non-clinical care

17. Will care minutes for allied health only capture face-to-face clinical care, or non-clinical care as well?

According to QFR requirements, all allied health hours should be reported.

Care minutes for allied health will capture direct clinical care and any other service provided, as calculated from hours worked reported in the QFR.

The 'allied health care minutes' quality indicator draws data directly from QFR to minimise the reporting burden for providers in introducing the new quality indicators.

When reporting labour hours in the QFR, direct care activities may include both direct in-person assistance (face-to-face) and direct care activities that are not undertaken face-to-face, for example, writing up care plans or organising a referral, non-clinical tasks specific to food and nutrition etc. Allied health support provided through virtual telehealth, such as video conference, can also contribute towards care hours.

Recording services across reporting quarters

18. How will you measure against 'percentage of allied health services received' if the resident received 2 of 3 recommended services in that quarter but was not scheduled to receive the 3rd service until the next quarter?

Services will be counted once per profession. For example, if there are three physiotherapy visits recommended and two are received in the quarter and one the following quarter, this will be counted as one recommended and one received.

There may be more than one profession recommended in the quarter, for example physiotherapy, occupational therapy and podiatry. In this case, if the resident receives physiotherapy and occupational therapy and podiatry is booked for the next quarter this would be counted as three recommended and two received.

In this situation the provider can include a comment in GPMS in the 'workforce' comments section to say that it was recommended, and an appointment has been booked in the next quarter.

19. If the recommendation to receive allied health services is made on the last day of the quarter and the service is planned to be received the following week, what are the rules to report this?

This will still be required to be reported as a recommendation but not against the recommended service received. In this situation we encourage the provider to include a comment in GPMS in the 'workforce' comments section to say that it was recommended on the last day of the quarter, and an appointment has been booked in the next quarter.

This service should then be captured as both recommended and received in the following quarter.

20. Where can I include my comments for the allied health data point?

Currently in the system there is no comments field for allied health. Providers are to enter comments relating to the allied health data point in the 'workforce' comments section.

Frequency of allied health services

21. What happens if a service is recommended and received multiple times in one quarter? For example, a resident is recommended to attend a falls and balance group with a physiotherapist, then the same resident has a fall in that quarter and requires more physiotherapy services?

For the 'recommended allied health services received' data point, providers only need to count recommendations and received services once per allied health discipline.

In this example, one recommended physiotherapy service and one received physiotherapy service would be recorded in that quarter, regardless of how many new physiotherapy recommendations or services the resident received in that quarter.

QFR reporting

22. Will the 'percentage of recommended allied health services received' be reported in the QFR or elsewhere?

Providers will need to report this data point in the QI Program app on GPMS. Providers will not report this data through the QFR.

23. Specifically, is there anything changing for the QFR reporting of allied health labour hours and costs because of these QI changes?

No, the current reporting requirements for the QFR will not change in relation to the introduction of the new allied health staffing QI.