



Australian Government

Department of Health, Disability and Ageing

**Allied Health Industry Reference Group Meeting Summary
Meeting No. 18, Wednesday, 3 June 2026**

On 3 June 2026, the 18th meeting of the Allied Health Industry Reference Group (AHIRG) was held via Microsoft Teams. The Commonwealth Chief Allied Health Officer (CAHO) position was vacated between meetings. The interim Chair Alison McMillan, Chief Nursing and Midwifery Officer and First Assistant Secretary (FAS) of the Health Professions Advisory Division was unavailable to chair this meeting; the meeting was chaired by Sam Peascod, Assistant Secretary of Primary Care Strategy Branch, Primary Care Division.

Agenda item 1: Welcome and Acknowledgement of Country

- The interim Chair welcomed attendees.

Agenda item 2: Meeting business

- Nil Conflicts of Interest declared.
- The interim Chair provided a status update on previous actions.

Agenda item 3: Department update

- National Allied Health Workforce Strategy (the Strategy)
 - The Health Workforce Taskforce (HWT) approved the Strategy to continue through to the next phase in the endorsement pathway at its meeting on 28 May 2026. The Strategy is progressing through the Commonwealth approval process. It will then to be tabled at the Health Chief Executives Forum and Health Ministers Meeting for final approval to be published.
- Support at Home Personal Care Contributions changes
 - Members were provided with an update on the upcoming changes to personal care contributions under Support at Home, detailing the shift of personal care from the independence contribution category to clinical supports from 1 October 2026. This included implications for providers and participants.
- Commonwealth budget and allied health initiatives
 - A brief overview of key budget measures including funding for urgent care centres, dental services, My Health Record, extension to 1800Medicare, and the Thriving Kids initiative.
 - Members asked for further detail on Thriving Kids, noting its prominence in allied health discussions, particularly across PHNs and in regional and rural contexts. The Department indicated that services are expected to commence from 1 October, with a ramp-up to full scale by 1 January 2028 and agreed to invite the Thriving Kids team to a future AHIRG meeting.
- Chief Allied Health Officer role and interim arrangements
 - Alison McMillan, Chief Nursing and Midwifery Officer and FAS of the Health Professions Advisory Division, was identified as the interim senior representative and interim chair for relevant senior engagements.
 - Members were advised the Chief Allied Health Officer inbox was active (CAHO@health.gov.au) and will continue to receive responses, with allied health advice

and policy support through existing departmental channels. The Allied Health Section's inbox (alliedhealth@health.gov.au) may also be used as a channel for communication to the department.

- Members emphasised the value of the Chief Allied Health Officer role, which included accessible, direct and clinically informed allied health leadership during a period of significant reform. Members asked for further engagement on arrangements for the future of the CAHO role.
- The Department agreed to seek feedback from members on future agendas and what is working well/not working well through a survey.

Agenda item 4: NDIS Budget reforms

- The FAS of Carers, Autism Markets & Safeguards Division presented on the NDIS Budget reforms relevant to allied health.
 - Key NDIS budget reform measures were outlined. This included standardised evidence-based functional capacity assessments, changes to access arrangements, ending plan rollovers, pricing decision changes, provider enrolment and payment system reforms, and fraud-related measures.
- Members discussed:
 - implications for people who remain in hospital for extended periods, including whether changes may have upstream effects on discharge pathways and health system pressures. The Department noted that further detail would need to be taken on notice
 - timing of the technical advisory group, potential delays if legislation does not pass within expected timeframes, annual pricing review timing, and the role of automated assessment tools. The Department indicated that some matters would be followed up through the Secretariat, including the use of automated assessment tools and impacts on people transitioning out of hospital.

Agenda item 5: MBS allied health chronic condition management review update

- Medicare Benefits and Digital Health Division (MBDHD) presented an update on the MBS allied health chronic condition management review
 - MRAC review into MBS chronic condition management progressing well. Supporting research has been completed and draft final report in development. Subject to endorsement, anticipate public consultation process on draft report later this year.
 - MRAC consideration of direct referrals recommended by the scope of practice review still in early stages. MRAC developing principles to apply to referral pathways. Review expected to take approximately 18 months to complete.
- Members discussed:
 - Members asked about the governance and timing for the direct referrals review. The Department clarified that the existing MBS Review Advisory Committee is considering the direct referrals work as a full committee, rather than establishing a separate working group.

Agenda item 6: 24-hour movement guidelines for adults and older adults

- An overview of the new 24-hour movement guidelines was provided by the University of Wollongong, who co-led on the project. This replaces the previous standalone physical activity and sedentary behaviour guidelines for adults and older adults.

- Public-facing materials, including brochures, fact sheets and frequently asked questions, are expected to be developed in 2026.

Agenda item 7: Health Star Rating System

- A representative from Population Health Division outlined plans to mandate the Health Star Rating System, following low voluntary uptake, with a proposal in development and public consultation open until 5 July.

Agenda item 8: DVA allied health changes

- A representative from the Department of Veteran's Affairs (DVA) outlined allied health reforms from 1 July 2027, including increased provider fees, a \$5,000 annual cap replacing treatment cycles, and upcoming consultation, with funding confirmed as additional and FAQs to be shared.
- Formal consultation is expected to commence in August, with a discussion paper to be released
- Members discussed whether the DVA Budget funding for allied health provider fee increases was additional to existing funding, and how this interacted with the proposed \$5,000 annual monetary limit. DVA confirmed the funding is additional and that the annual monetary limit had been modelled in the context of the fee increases.
- Members requested that the updated DVA webpage and FAQs be circulated to the group when available.

Agenda item 9: Overview of today's meeting, confirmation of actions and closing remarks

- Actions arising from this meeting were confirmed.
- Next meeting to be held on Tuesday 8 September 2026.