

Occupational therapy workforce analysis

Key points

The number of occupational therapists in Australia grew by 31.1% over the five years between 2015/16 to 2019/20, with most growth occurring in metropolitan and inner regional geographic regions.

The increasing prevalence of chronic disease, the ageing population and increasing service awareness suggest that the ability to attract students and retain professionals, particularly in outer regions and remote areas, will be a major challenge in the foreseeable future.

Current state – general demographic characteristics

Profession overview

At 30 June 2020, there were 23,997 occupational therapists registered in Australia, of which 97.1% held some form of practising registration.

The occupational therapy profession constitutes 3.1% of the regulated health practitioner workforce, with 91 practising occupational therapists per 100,000 head of population. Across the profession, 96.7% of registrants held general registration, 0.4% held limited registration and 2.9% held non-practising registration.

The gender division for occupational therapists was 90.6% female and 9.4% male. The average age of Australian occupational therapists was 37.3 years with 42.0% aged under 35 years and 9.3% aged 55 years or older. Most occupational therapists (87.1%) obtained their initial qualification in Australia. Occupational therapists worked predominantly in major cities, just over half working in the private sector and overall, they worked an average of 33.7 hours per week.

Occupational therapists with general registration

At 30 June 2020, there were 23,997 occupational therapists registered to practise in Australia, of which 99.6% (23,897) held general registration. The average age of occupational therapists was 37.3 years and 90.6% were female and 9.4% were male.

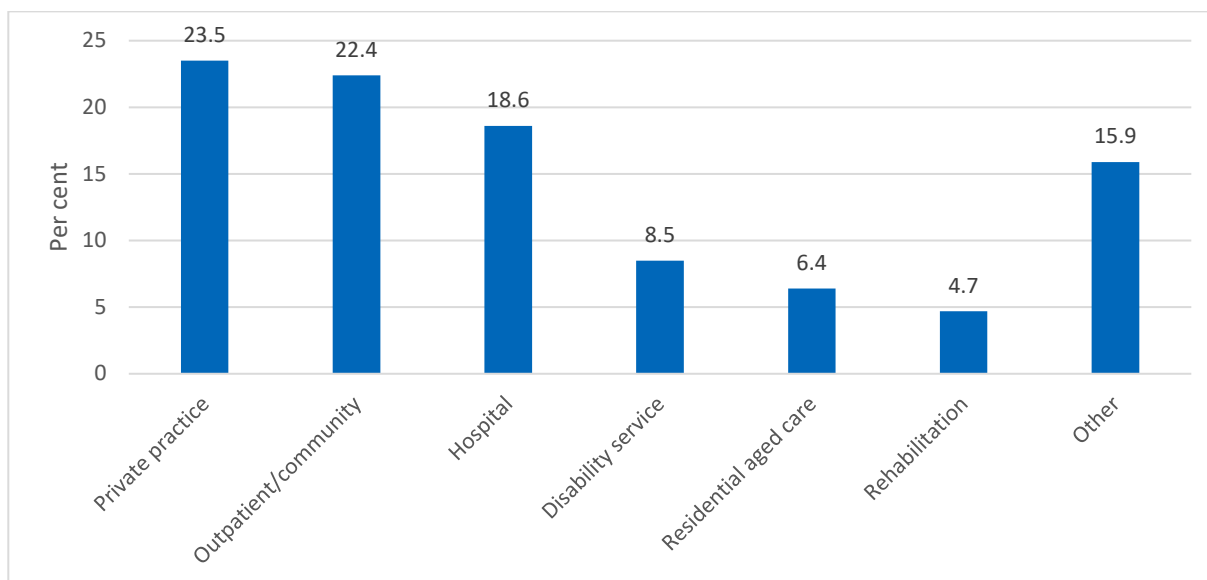
While the national rate was 91 occupational therapists per 100,000 head of population, the distribution across Australia varied. There were 118 occupational therapists per 100,000 head of population in Western Australia (WA), 102/100,000 in South Australia (SA), 90/100,000 in Victoria, 89/100,000 in Queensland, 88/100,000 in the Australian Capital Territory (ACT), 80/100,000 in New South Wales (NSW), 79/100,000 in the Northern Territory (NT) and 62/100,000 in Tasmania. The geographic

distribution was 98.4 per 100,000 in major cities, 77.2 per 100,000 in regional areas (inner and outer) and 39.7 per 100,000 in remote and very remote areas.

According to the results of the National Health Workforce Survey (NHW survey) published by the Commonwealth Department of Health in 2019, around 87.9% of registrants were employed in the profession in Australia, working an average of 33.7 hours per week (1). Some 78.4% of registered occupational therapists (89.1% of employed occupational therapists) defined their principal role as a clinician. The remainder identified themselves as administrators (including managers not providing clinical services), teachers, educators, researchers or other roles.

The proportion of occupational therapists in various work settings, as reported through the 2019 National Health Workforce Survey, is shown in Figure 1. Of those occupational therapists who provided information about their work setting, 23.5% reported that the setting of their primary work role was in group, solo, locum or other private practice, 22.4% worked in an outpatient or other community healthcare services, and 18.6% worked in a hospital (public or private). A further 8.5% worked for a disability service, 6.4% in a residential aged care facility and 4.7% for a rehabilitation or physical development provider. The remainder (15.9%) worked in other settings including domiciliary services, other residential healthcare facilities and Aboriginal health services. When adjusted for full-time equivalence (38 hours per week), 55.5% of clinicians worked in the private sector in their principal role.

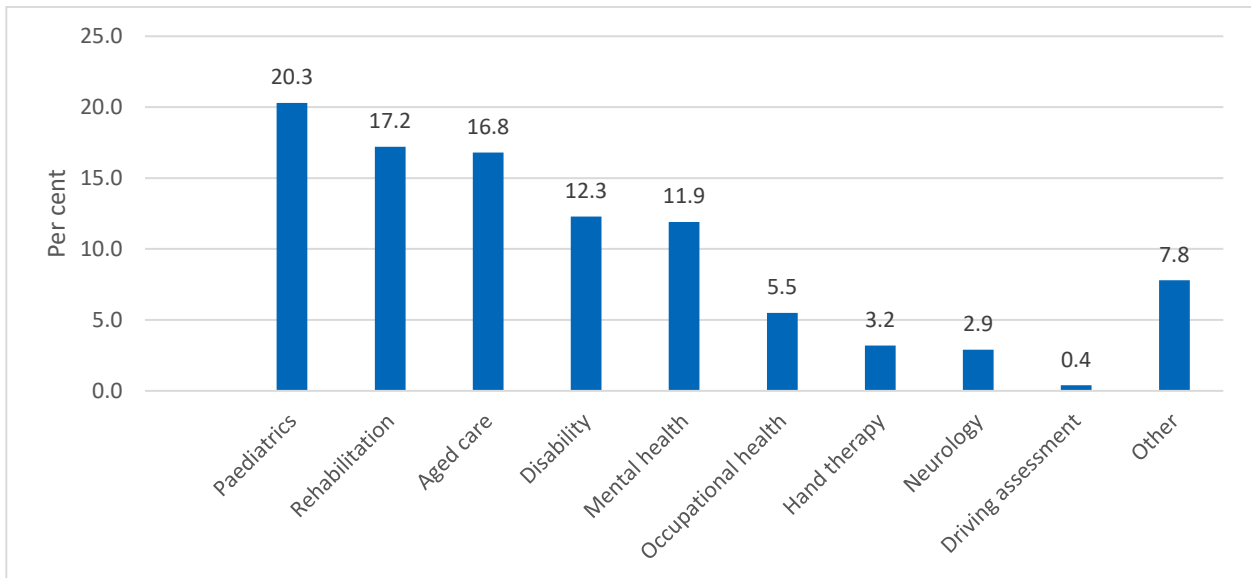
Figure 1: Main work setting for occupational therapists (%)



Source: 2019 National Health Workforce Survey

The principal scopes of practice reported in the 2019 workforce survey are shown in Figure 2. The principal scopes of practice were 20.3% working in paediatrics, 17.2% in rehabilitation, 16.8% in aged care, 12.3% in disability, 11.9% in mental health, 5.5% in occupational health, 3.2% in hand therapy, 2.9% in neurology, 0.4% in driving assessment and a further 7.8% listed other scopes of practice. The scope of practice was unknown for 1.8% of respondents.

Figure 2: Principal scopes of practice for occupational therapists (%)



Source: 2019 National Health Workforce Survey

Occupational therapists with limited registration

Limited registration may be granted to an individual to carry out postgraduate training or prepare for and sit a clinical examination as an occupational therapist, teach or do research as an occupational therapist, carry out supervised practice as an occupational therapist or if the Occupational Therapy of Australia (the Board) determines it to be in the public interest.

At 30 June 2020, 100 occupational therapists (0.4% of registrants) had limited registration. Eighty-nine per cent of these were female and 11.0% male. The average age was 33.9 years, with 93% aged under 45 years and 56% aged under 35 years.

Trends over five years

The occupational therapist workforce increased by 31.1% over the five years, from 18,304 in 2015/16 to 23,997 in 2019/20. Over this period, the proportion of male registrants increased slightly from 8.5% to 9.4%, with a corresponding decrease in female registrants from 91.5% to 90.6% of registrants. The proportion of occupational therapists with general registration increased by 0.8% over the five years, which was balanced by a decrease of 0.6% in non-practising registration and 0.2% in provisional registration. There was no change in the proportion of occupational therapists with limited registration over the same period.

Based on the 2019 NHW survey, the average number of hours worked per week increased slightly from 33 hours in 2015 to 33.7 hours in 2019. Of the occupational therapists who provided information on their number of hours worked, there was a slight increase in the proportion working more than 35 hours per week (from 59.1% to 60.8%) and a slight decrease in those working 50 or more hours per week (from 3.6% to 3.4%).

The overall increase of 31.1% to the occupational therapist workforce over the five years was greatest in Victoria and Queensland where the workforce increased by 35.5% and 33.1% respectively, followed closely by SA, NSW and WA which increased by 28.7%, 27.4% and 23.4% respectively. The ACT, Tasmania and NT had less of an increase, 19.3%, 18.4% and 12.5% respectively.

The increase in the occupational therapist workforce was also reflected across all regions, except for the very remote region. The occupational therapist workforce increased by 31.6% in major cities of Australia, 33.9% in inner regional areas and 20.3% in outer regional areas. There was an increase of 30.1% in remote areas, however, the number of occupational therapists in very remote areas increased by only one between 2015/16 and 2019/20.

The 2019 NHW survey found that the proportion of occupational therapists working primarily in group private practice, solo or other private practice increased from 19% to 23.5% between 2015 and 2019, in disability services from 7.1% to 8.5% and in residential aged care from 3.3% to 6.4%. This is reflected in a shift in the proportion of occupational therapists in clinical practice working in the private sector from 44.3% to 55.5% between 2015/16 and 2019/20. Over the same period, the proportion of occupational therapists working in outpatient or other community healthcare services decreased from 24.8% to 22.4%, in hospitals from 20.8% to 18.6% and rehabilitation or physical development providers from 5.9% to 4.7%.

The survey also found an increase in the proportion of occupational therapists reporting that their principal scope of practice was paediatrics (from 18.4% to 20.3%) or disability (from 7.4% to 12.3%) between 2015 and 2019. Over the same period there was a decrease in the proportion of occupational therapists whose principal scope of practice was rehabilitation (from 20.0% to 17.2%) or occupational health (7.5% to 5.5%), and a very slight decrease in the proportion of those whose principal scope of practice was mental health (12.0% to 11.9%), hand therapy (3.4 to 3.2%) or neurology (3.0% to 2.9%). The proportion whose principal scope of practice was aged care or driving assessment remained stable (16.8% and 0.4% respectively).

Supply and demand – observations and insights

The domestic ‘pipeline’

At 30 June 2020, there were 9,844 students enrolled in an approved program of study to become an occupational therapist following a steady annual increase in numbers from 7,922 in 2015/16 (an overall increase of 24.3%). Based on the student register, 15.8% of occupational therapy students in 2019/20 were male which is a higher proportion than male registrants (9.4%) in the same year. Around 73.8% of students were under the age of 25 years, 92.4% under the age of 35 and 2.5% are aged 45 years or older.

In 2019/20, there were 21 universities offering 49 approved programs of study for occupational therapy (eight in Queensland, six in NSW, five in Victoria, two each in SA and WA, one in ACT, and none in the NT or Tasmania).^{1,2} Of these, 16 programs of study led to a bachelor level qualification, 21 to a bachelor (honours) qualification, eight at Masters level and five led to a combined bachelor/Masters degree. This is an increase of 15 new programs of study across nine universities compared to 2015/16.

Overseas-trained practitioners

Indicators of the extent of Australia’s reliance on OTPs include: the number of registered practitioners whose initial qualification was obtained overseas; the number of OTPs added to the register each year; and the number of practitioners entering Australia each year via skilled work visas. These are outlined below as they relate to occupational therapists.

Overseas qualifications

A review of qualifications data held by Ahpra shows that the proportion of registrants whose first qualification was obtained overseas decreased from 4.2% to 3.7% of registrants between 2015/16 and 2019/20. A similar trend was observed in a comparison of the 2015 and 2019 NHW surveys which reported a decrease from 7.9% to 7.2%. The proportion obtained using registration data is more accurate as almost all registrants provided information about the country of their first qualification. The proportion of registrants for whom the country of first qualification is unknown was 1.8% for 2015/16 and 1.3% for 2019/20.

¹ Two universities offer training in occupational therapy at campuses in more than one state, the Australian Catholic University (NSW/Victoria/Queensland) and the Southern Cross University (NSW/Queensland).

² Following the reference period, a combined bachelor and Masters degree program has been approved for NT, as well as a graduate entry Masters qualification and an additional bachelor (honours) qualification in SA and in the ACT.

Additions to the register

Ninety-two internationally qualified occupational therapists were added to the register in 2019/20, bringing the five-year total to 359 (2). Internationally qualified occupational therapists added to the register made up 0.4% of all occupational therapist registrants, a slight increase from 0.3% in 2015/16.

Visa statistics

The Department of Home Affairs publishes data relating to the number of temporary resident visas granted and the number of visa holders at specific points in time. Visa data is organised according to the Australian and New Zealand Standard Classification of Occupations (ANZSCO) occupational framework (3). Occupational therapists are recognised as a subsection of health therapy professionals which falls under the *Professionals* category and are included in the [Medium and Long-term Strategic Skills List](#).

Occupational therapists wishing to work in Australia are eligible to apply for several different visas including skilled independent, nominated, regional and training visas. These are assessed by the Department of Home Affairs. Department of Home Affairs data shows that 17 temporary resident visas were granted to occupational therapists in 2015/16. The number remained stable each year until 2019/20 when 38 temporary resident visas were granted, which is a similar number to those granted to occupational therapists between 2007/08 and 2012/13.

When interpreting the data, it should be noted that the data only relates to primary applicants in specific visa classes, therefore, it does not include any secondary family members who may be an occupational therapist.

Trends and intentions

The combination of historical growth rates, the age profile of the existing workforce and expressed intentions to work collected through the NHW survey enable an assessment of likely exit points from the profession and an indication of whether the replacement rate of new entrants is likely to meet the exit rate over coming years. An assessment of a low replacement rate does not equate to workforce shortage, however, as shortage is relative to demand.

The 2019 NHW survey showed that the number of registered occupational therapists increased by 31.1% over the five years 2015/2019, with an average annual growth of 7.0%. Based on these data, the Department of Health estimated that the replacement rate for occupational therapists in 2019 was 5.1 which is higher than 3.3 in 2015. That is, for every occupational therapist who left the register, in 2019 another 5.1 were added which may reflect an increase in graduates from recently introduced courses. The replacement rate remained stable between 2015 and 2018 at 3.1 in 2016, 3.2 in 2017 and 2.9 in 2018. These figures are based on the number of practitioners with general or limited registration employed at the time of the survey.

The analysis in this section is indicative only. It is based on current age profiles, expressed intentions and historical growth rates. It takes no account of people currently in the training pipeline or demand factors.

The NHW survey revealed that in 2019, occupational therapists had worked an average of 11.6 years and intended to work for an average of 21.6 more years. For the youngest cohort (under 35 years), about 72% intend to work for at least another 10 years. The proportion of occupational therapists intending to work until (or close to) the usual retirement age of 65 years increased as occupational therapists aged, ranging from 44.8% for those aged under 35 years to 60.6% for those aged 35–44 years, to 79.3% for those aged 45–54 and 78.8% for those aged 55–64 years.

In 2019/20, 9.3% of registered occupational therapists were aged 55 or older. NHW survey data shows that occupational therapists in this age group intended to work an average of 6.1 years. About 47% of this cohort did not intend to be working in five years' time, and 78.5% did not intend to be working in 10 years' time.

Unpublished data held by the Australian Health Practitioner Regulation Agency (Ahpra) on lapsed registrations showed that in 2019/20 the rate of attrition was 1.5% per year which was equivalent to around 340 occupational therapists leaving the profession.

Overall, these figures translate into an attrition rate that is consistent with that observed in recent years. If historical growth and attrition rates continue to apply, the trend would be for new entrants to exceed exits, resulting in overall growth in the occupational therapist workforce over the coming years.

Demand – employment projections, workforce shortages and demand drivers

Employment projections

The Department of Education, Skills and Employment (DESE) publishes employment figures and projections (derived from the ABS Labour Force Survey) for occupations categorised using the Australian and New Zealand Standard Classification of Occupations (ANZSCO) structure which includes occupational therapists.

Projections published by DESE estimated the number of employed occupational therapists was 22,700 in November 2020 (4). The figure represents around 94.6% of occupational therapists who held practising registration at 30 June 2020 (the closest quarter to the DESE estimates). By way of comparison, the 2019 NHW survey (conducted in November 2019) indicated that 85.2% of occupational therapists were employed, which is lower than the DESE figure. Looking ahead, the DESE projected that 26,600 occupational therapists would be employed in 2025, representing 17.1% growth over the five-year period. These figures are for total employment (both full-time and part-time employment).

Workforce shortage

In June 2021, the National Skills Commission (NSC) released a Skills Priority List which provides a detailed view of shortages and expected future demand for almost 800 occupations across Australia (5). The list identifies occupational therapy as being in shortage both nationally and in every jurisdiction except Queensland, with moderate future demand.

Historical workforce shortage ratings from 1986 to 2018 show that occupational therapists were in shortage from 1986 to 1991, in 1996 and 2002 to 2009 and not in shortage between 2010 and 2018 (6).

Drivers of demand

In 2017, horizon scanning and scenario generation for occupational therapy conducted by the NSW Ministry of Health identified population demographics and the increasing incidence of complex and chronic disease, government funding and policy, scopes of practice, service pathways, service coverage and accessibility, service awareness and newly emerging models of care as the main drivers of demand (7).

Population demographics and the increasing incidence of complex and chronic disease

Changing population demographics and an increased incidence of chronic and complex disease in Australia was identified as the strongest driver of demand for occupational therapy services in the 2017 NSW horizon scan. The expected growth and ageing of the Australian population, as well as the increased focus on mental health and disability, will put significant pressure on the health workforce, including occupational therapy.

Based on conservative assumptions, the Australian Bureau of Statistics (ABS) estimates that the Australian population will reach around 36.1 million people by 2050, with more than 1.3 million people aged over 85 years (8). The most recent NHW survey found that the prevalence of Australians living with one or more chronic conditions rose from 42.2% in 2007/08 to 46.6% in 2021/22, with an increase in prevalence with age (9).

Mental health and behaviours of concern were the most prevalent chronic condition identified in the NHW survey, affecting 20.1% of participants (9). The 2021 National Study on Mental Health and Wellbeing found that 3.4 million Australians had seen a mental health professional in the previous 12 months, and 612,000 adults had used telephone or other digital mental health services (such as an on-line program), however, the actual number is likely to be higher as the study did not include those aged under 16 or over 85 years (10). The 2019 NHW survey showed that the proportion of occupational therapists with a principal scope of practice in mental health remained stable between 12% in 2015 and 11.9% in 2019.

The most prevalent age-associated chronic conditions identified through the NHW survey were back problems (15.7% of participants), arthritis (12.5%), and diabetes (5.3%), as well as osteoporosis (3.6%) (9). The prevalence of obesity increased from 27.9% in 2014/15 to 31.3% in 2017/18 which may signal a

future increase in other chronic diseases that require occupational therapy, as obesity is known to be linked with an increased risk of diabetes and other disorders (11, 12). The 2019 NHW survey found that the proportion of occupational therapists whose principal scope of practice was aged care remained stable at 16.8% between 2015 and 2019.

The above figures are supported by the findings of an Australian Institute of Health and Welfare report which showed that around 18.0% of Australians (or approximately 4.4 million people) live with a disability, of which almost a third (5.7% of the Australian population) have a severe or profound disability (13). Physical disability, including musculoskeletal and connective tissue problems, hearing loss, cardiovascular and neurological disease, is the main form of disability for about 77% of people living with disability. Mental health and behaviours of concern account for the remainder of disability. The relationship between health conditions and disability is complex, however, an Australian Bureau of Statistics Survey of Disability, Ageing and Carers (2018) found that 29.9% of people living with disability required help with healthcare, 27.1% with property maintenance, 23.4% with household chores, 23.0% with mobility and 21.1% with transport. The 2019 NHW survey found that the proportion of occupational therapists with a principal scope of practice in disability increased from 7.4% to 12.3% between 2015 and 2019, and those working in paediatrics increased from 18.4% to 20.3% over the same period, whereas the proportion working in rehabilitation fell from 20.0% to 17.2%.

Government funding and policy

Funding for occupational therapy is available through Medicare rebates (up to 10 individual sessions and up to 10 group sessions with an occupational therapist under the Better Access to Mental Health Care Initiative, up to five sessions per year under the Chronic Disease Management Package, up to four diagnostic/assessment services and up to 20 treatment services per year under the Better Start for Children with Disability Program, and the Helping Children with Autism Program, and, up to five follow-up services per year after an Aboriginal and Torres Strait Islander health assessment), the Department of Veteran's Affairs (DVA) and the National Disability Insurance Scheme (NDIS) as well as through private health insurance. Occupational therapy services can also be funded through the Commonwealth Home Care Packages Program. Funding mechanisms for allied health services for aged care residents are unclear, with many residential aged care providers arguing that residents should access funding through Medicare or private health insurance (14). This is discussed in more detail below in the section on the Royal Commission into Aged Care Quality and Safety. State-based transport accident bodies and workers' compensation schemes also provide funding for occupational therapists.

Scope of practice

Scope of practice potentially influences the demand for occupational therapy services. As outlined in the above, the 2019 NHW survey showed that occupational therapists have diverse scopes of practice, from paediatrics (20.3%) to rehabilitation (17.2%), aged care (16.8%), disability (12.3%), mental health (11.9%), occupational health (5.5%), hand therapy (3.2%), neurology (2.9%), driving assessment (0.4%) and other (7.8%) or unstated scopes of practice (1.7%).

Stakeholders attending a horizon scanning workshop hosted by NSW Health suggested that a move toward increased use of multidisciplinary and client-centric models of care is likely to increase the demand for occupational therapists.⁸ A survey of Victorian community-based health occupational therapists conducted in 2008 found that the majority were experienced practitioners who had a varied scope of practice and a high level of job satisfaction (15). The majority of respondents (94.4%) had a client caseload with 81.7% having participated in a home-based intervention with individual clients in the previous week. The main barriers to practice were high demand for service (75.7%), large amounts of time spent on non-client administrative tasks (72.9%) and limited funding for occupational therapy services (68.6%).

Service pathways

Although a referral is not required to see an occupational therapist in private practice, for which private patients can claim a rebate through private health insurance if it is included in their policy, a referral from a health professional is generally required to access third party funding. Some jurisdictions have implemented strategies such as the NSW HealthPathways to provide clear referral pathways between services, comprehensive service information for referring clinicians and opportunities for service improvement and redesign (16). HealthPathways is a web-based portal that provides access to clinical management pathways for multidisciplinary healthcare, including that provided by occupational therapists, between primary health, hospital and community care as well as referral advice into local health services.

Service coverage and accessibility

Ahpra data showed an imbalance in the geographic distribution of occupational therapists throughout Australia, particularly between metropolitan and remote and very remote regions. Compared to those working in metropolitan areas or large towns, occupational therapists working in rural and remote areas have a wider breadth of practice, are required to service large catchments with high patient loads and are often required to juggle roles (17, 18). Long waiting lists, time-consuming travel to and from appointments and limited access to therapy after childhood have been identified as barriers to accessing occupational therapy in rural and remote regions (19, 20). Research into the recruitment and retention of allied health professionals, including occupational therapists, identified a strong local career path, organisational support and opportunities for professional development as major factors (17). Preliminary work suggests that rural and remote health education during undergraduate training can successfully be used to change occupational therapy students' career intentions (21).

Service awareness

Public awareness of occupational therapy, including the scope of practice of occupational therapists, is a key driver of demand. Stakeholders attending the horizon scanning workshop conducted by NSW Health noted that there was inconsistent knowledge and awareness about occupational therapy by both consumers and referrers (7). The lack of awareness of mental health as a scope of practice for occupational therapists was reflected in the findings of the 2020/21 ABS Patient Experience Survey which showed that 15.8% of respondents had consulted at least one health professional for their own mental health in the previous year, only 2.1% of respondents saw an occupational therapist or social worker (22). The majority saw a GP (12.1%), psychologist (7.4%) or psychiatrist (2.2%).

Evidence from the United Kingdom suggests that even where a medical professional is aware of how an occupational therapy service could potentially assist the therapeutic process, they may not follow through with a referral. For example, a 2019 UK study found that while 92% of general practitioner participants identified occupational therapists as providing evidence-based strategies for falls prevention, only 75.3% referred their clients to occupational therapy (23).

Newly emerging models of care

Newly emerging models of care, including integrated, multidisciplinary care, telehealth and school-based service delivery, are likely to increase demand for occupational therapy services. The last decade has seen a move towards occupational therapists working in a more integrated, multidisciplinary way in a range of settings including primary health, acute hospital care and early childhood interventions which improves service coordination, expedites referrals and reflects a greater awareness of the occupational therapy profession (24-28).

Over the same period, evidence has shown that, for some scopes of practice, a telehealth approach to occupational therapy may be effective (29-31). A recent global survey conducted by the World Federation of Occupational Therapists (WFOT) found a significant increase in the uptake of telehealth strategies triggered by the onset of the COVID-19 pandemic (32). Benefits reported by respondents were a sense of safety, the reasonableness of employer expectations and their downstream impact on work morale. Barriers to uptake were clients who had limited access to information technology, slow systems change toward funding telehealth consultations, and some scopes of practice that require face-to-face interaction. Nonetheless, many respondents indicated that they want telehealth consultations to continue as a service option after the pandemic.

School-based occupational therapy is an emerging model of care that has gained international attention as demonstrated by publication of the WFOT *Position statement: occupational therapy services in school-based practice for children and youth* in 2016 (33). This approach has the benefit of enabling the therapist to interact with the client in a more naturalistic setting with improved collaboration with educators (34, 35). Barriers include time constraints, the inability of school staff to carry on strategies introduced during occupational therapy sessions and confusion between educators and therapists as to role definition (34, 36, 37).

Policy developments and considerations

Policy developments and considerations include the recommendations of the Royal Commission into Aged Care Quality and Safety, the Royal Commission into Violence, Abuse, Neglect and Exploitation of

People with Disability, and proposed reforms to primary healthcare, as well as changes to the higher education system.

Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety (the royal commission) heard evidence relating to difficulties in accessing allied health services through the aged care system for both home and residential care, in part due to lack of overall funding, limitations with the Aged Care Funding Instrument and inconsistencies in the availability of multidisciplinary allied care teams. Evidence was also presented that these issues are exacerbated in groups who already experience disadvantage, such as Aboriginal and Torres Strait Islander Peoples, those living in rural and remote regions and those from culturally and linguistically diverse backgrounds.

The royal commission made three recommendations relevant to occupational therapy. These are:

- Recommendation 36 pertains to care at home to include a level of allied healthcare appropriate to each person's needs.
- Recommendation 37 pertains to residential aged care to include funding of health-related aids and equipment, as well as integrated high-quality personalised care including allied healthcare.
- Recommendation 38 states to ensure that residential aged care includes a level of allied care appropriate to each person's needs, including a requirement that providers employ a minimum of one occupational therapist.

In its formal response to the recommendations of the royal commission, released at the time of the 2021/22 Federal Budget in May 2021, the government accepted Recommendation 36 which recommends that care in the home include provision for allied healthcare (including occupational therapy) (38). The Australian Government announced the development of a new support at home program to replace the Commonwealth Home Support Program (CHSP), Home Care Packages, Short-Term Restorative Care and residential respite programs to start in July 2023 (39). The current CHSP grant arrangements will be extended for one year from July 2022 to 30 June 2023 to cover the transition period.

The government also accepted Recommendation 37, with the introduction of a new category for residential aged care that covers goods, aids and equipment for residents and includes needs-based care, including allied healthcare to be addressed through reforms to residential aged care funding, quality and safety, as well as the introduction of a new *Aged Care Act*. Examples of goods, aids and equipment related to occupational therapeutic care include walking frames, bed positioning devices, and adjustable chairs or stools.

At the same time, it accepted-in-principle Recommendation 38, that allied healthcare be included in residential aged care. There are no specific measures planned to address this recommendation, which is covered by other initiatives announced in response to the recommendations of the royal commission.

Furthermore, in March 2021, the government announced a review of the Aged Care Quality Standards to be completed by the end of 2022. On 1 July 2021, the Australian Commission on Safety and Quality in Health Care assumed responsibility for setting the clinical care components of the Quality Standards for falls prevention and mobility.

Independent evaluation of the National Disability Insurance Scheme pilot studies

An independent evaluation of the National Disability Insurance Scheme (NDIS) was conducted by the National Institute of Labour Studies at Flinders University, South Australia. The evaluation tracked the roll-out of the NDIS since the scheme's start in July 2013. Released in 2018, the final report included an evaluation of the effect of the NDIS on the disability sector and its workforce.

The evaluation noted that the disability workforce was predominately female, with lower levels of vacancies and evidence of skill shortages. Those employed in the disability sector voiced concerns about pay, staff retention, increased levels of casualisation and de-professionalisation of the workforce, as well as evidence of a shortage of allied health workers, such as occupational therapists, in the sector.

The evaluation recommended improved training, career opportunities and strategies to manage workplace stress and workloads. It concluded that although the disability support sector was actively responding to changes brought about by the introduction of the NDIS on a trial basis, the sector faced serious uncertainties going forward to the national roll-out and beyond.

Review of the National Disability Insurance Scheme Act 2013

The final report of the *Review of the National Disability Insurance Scheme (NDIS) Act 2013* was released in December 2019. The review focused on removing legislative impediments to positive participant and provider experiences, and the introduction of a Participant Service Guarantee. It did not consider broader issues affecting the general operation of the NDIS.

The review found that people with disability frequently reported poor experiences with transparency, consistency and timely decision-making by the National Disability Insurance Agency (NDIA) which administers the NDIS. It noted that the NDIA is not a mature entity with many of its enabling systems still under development including its information technology which the review found had many limitations.

The review acknowledged that the legislation worked well for adults living with a physical disability and recommended legislative changes to better serve people living with a psychosocial disability and children living with a disability. These are key areas within the scope of practice for the occupational therapy workforce. The Australian Government response supports 29 recommendations of the review which are aimed at making NDIS funding easier to access and negotiate for both clients and health professionals (40).

Productivity Commission Inquiry into Mental Health

The Productivity Commission conducted an *Inquiry into mental health* that resulted in a number of recommendations aimed at improving population mental health, to realise economic and social participation and productivity benefits over the long term (41). The scope of the review included an examination of the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups.

Recommendations identified through the findings of particular relevance to occupational therapists include:

- Expansion of the scope of voluntary early childhood checks on development, and better funding to support child development.
- Workers' compensation schemes to provide and fund clinical treatment (including any required rehabilitation) for all mental health-related workers' compensation claims.
- No-liability treatment for mental health related workers' compensation claims.
- Increase consumer choice with referrals, including those to allied health professions such as occupational therapists.
- Encourage more group psychological therapy, including widening access through video-conferencing.
- Improved care for people with concurrent mental illness and physical health conditions.
- Better collaboration across service providers and increased training of mental health workers, including allied health professionals such as occupational therapists.

National Mental Health and Suicide Prevention Plan

The 5th *National Mental Health and Suicide Prevention Plan* was released in 2017 to cover the following five years (42). The plan provides a strategic framework to guide coordinated government efforts in mental health reform and service delivery feeding into national, state and territory mental health plans.

Priorities outlined in the plan include better integration of regional planning and service delivery, suicide prevention, coordinating treatment and support for people with severe and complex mental illness, improving Aboriginal and Torres Strait Islander mental health and suicide prevention, improving the physical health of people living with a mental illness, reducing stigma and discrimination, making safety and quality central to service delivery, and, ensuring that the enablers of effective system performance and improvement are in place.

In 2021, the Australian Government committed to the expenditure of \$2.3 billion towards structural reform aimed at achieving the priorities outlined above, of which \$1.4 billion will be spent on the provision of high quality, person-centred treatment, including the development of a national network of mental health treatment centres for adults, youth and children (43). The role of allied health professionals, such as occupational therapists, is acknowledged in implementing each planned initiative.

Primary Health Care Reform Steering Group

In 2019, the Government established the Primary Health Care Reform Steering Group to provide independent expert advice to guide the development of a 10-year plan for primary healthcare reform for all Australians. The steering group released its draft recommendations in August 2021.

Recommendation 11 of the report is to better 'support and expand the role of the allied health workforce in a well-integrated and coordinated primary healthcare system underpinned by continuity of care'. The recommendation includes investigating and implementing alternative funding and care models, improved workforce planning and data collection to help in the development of local initiatives to support access to allied healthcare, including occupational therapy.

Changes to higher education support

In October 2021, the *Higher Education Support Amendment (Job-Ready Graduates and Supporting Regional and Remote Students) Act 2020 (JRG Act)* was passed which legislated a decrease in funding for domestic Commonwealth supported students, as well as other changes to higher education programs from 1 January 2021. These changes were made following a 5.1% decline in enrolments, and a 23.0% decline in commencements by overseas students to December 2019 compared to December 2020 due to COVID-19 travel restrictions resulting in an estimated loss of \$1.8 billion to the higher education sector (44).

Introduced on 1 January 2021, the stated intention of the reforms is to 'deliver more job-ready graduates in the disciplines and regions where they are needed most and help drive the nation's economic recovery from the COVID-19 pandemic' (45). Allied health disciplines, including occupational therapy, are identified as an area of priority. The reforms reduce the Australian Government contribution for domestic students in occupational therapy courses by \$297/equivalent full-time study load (EFTSL), and decrease the student contribution by \$1,748/EFTSL, representing a net decrease in course income of \$2,045/EFTSL for universities (46).

The changes to higher education also include a National Priorities and Industry Linkage Fund (NPILF) that allocates block grants to universities to support better collaboration between universities and industry. This is to design courses that equip students with job ready skills and experience through, for example, internships, practicums and other work-based learning opportunities. A pilot of the NPILF will be conducted from 2022 to 2024 which may increase opportunities for occupational therapy students to carry out a clinical placement.

Another change is that more university places have been made available for students from metropolitan areas to study priority area courses, including occupational therapy, in regional areas. This funding relates to the campus location, not the location of the student. Five of the 28 approved programs of study leading to a qualification as an occupational therapist are located in regional Australia (Lismore, NSW, Rockhampton/Bundaberg, Queensland, Albury/Wodonga, Victoria, one at bachelor level, and four bachelors with honours) and a further campus is in a major city with a high population growth rate (Gold Coast, Queensland).

Concluding comments

The number of occupational therapists in Australia grew by 31.1% over the five years between 2015/16 to 2019/20, with most growth occurring in metropolitan and inner regional geographic regions. Across jurisdictions, growth was greatest in Queensland and Victoria. The National Skills Commission has determined that there is a shortage of occupational therapists across all jurisdictions except for Queensland and future demand is likely to be moderate.

Since the publication of the National Skills Commission's Skills Priority List, the Australian Government has agreed to implement the recommendations of the Royal Commission into Aged Care Quality and Safety designed to improve access to allied healthcare, including occupational therapy, for elderly Australians in the home and in residential aged care which could potentially further increase demand. Strategies put in place following the Productivity Commission Inquiry into Mental Health through the National Mental Health and Suicide Prevention Plan are also likely to increase demand, as well as the Australian Government's commitment to implement the findings of the review of the NDIS Act 2013 which will make it easier for people living with a disability to access services.

On the supply side, the review found that the number of occupational therapy students rose by 24.3% over the same five years, with the estimated replacement rate increasing from around 3.0 in 2015 – 2018 to 5.1 in 2019, which is likely to reflect the increased number of graduates from the seven new programs of study across three universities introduced during the study period. The Job Ready Graduates Package introduced on 1 January 2021 was designed to encourage enrolment in (among other desirable subjects) allied health courses, such as occupational therapy, by significantly reducing university fees for students. It remains to be seen whether this approach will have the intended effect, given the package results in universities having less income per student to deliver the same courses with the same accreditation requirements.

When surveyed in 2019, around 45% of occupational therapists aged under 35 years, and 60% of those aged less than 45 years, intended to work until they are 65 years. Conclusions can't be drawn as to whether this reflects a societal trend toward an earlier age of retirement, or whether it reflects poor retention of occupational therapists in the profession, or a mixture of both.

Current directions in health, aged and disability care, particularly the increasing prevalence of chronic disease (including mental health issues), the ageing population and increasing service awareness and accessibility suggest that the ability of the occupational therapy profession to attract students and retain professionals, particularly in outer regions and remote areas, will be a major challenge in the foreseeable future.

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