



SARRAH

Services for Australian Rural and Remote Allied Health

30 September 2022

Attention: Jo Runjajic
ANZSCO Review Program
Statistical Standards & Infrastructure Branch
Data Strategy, Integration and Services Division
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Services for Australian Rural and Remote Allied Health (SARRAH): Input to review of the Australian and New Zealand Standard Classification of Occupations (ANZSCO)

Thank you for the opportunity to provide input to the review of Australian and New Zealand Standard Classification of Occupations (ANZSCO). We note the 2022 update is due for release on 22 November 2022 and appreciated you providing the update, including the summary of the consultation round undertaken in June and July of this year.

As background, Services for Australian Rural and Remote Allied Health (SARRAH) is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 by a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

We provided a short on-line submission to the ABS on the ANZSCO Review in July and were pleased to see the summary report indicated other stakeholders supported more frequent updates to reflect the rapidly evolving contemporary workforce environment and emerging occupational shifts.

We also signalled our support for ANZSCO to be forward looking, to better anticipate emerging skills and occupations as much as can be reasonably incorporated into the Classifications.

In response to on-line survey question 3 *“Do you agree with the prioritisation of the six proposed options outlined in this paper?”*, we suggested that while the three criteria identified by the ABS criteria for assessing the consequences of implementation for each proposal (*Consistency with international reporting; Impact upon time series; and Implementation cost*) are important considerations, an additional, overarching consideration – relating to the inherent value and application of ANZSCO in policy setting

could be "Importance / usefulness for workforce development policy, planning and investment decisions". The aim of that suggestion was to reinforce the value of the ANZSCO to contemporary labour force decision-making, development and efficiency as well as promoting economic and productive capacity. We noted this would help inform development and enablement of occupations and pathways that would help address areas of major existing workforce shortage and rapidly growing demand. For instance, shortages in the disability and aged care workforce – such as allied health.

While the summary feedback provided on 27 September is welcome and helpful, we would appreciate any further advice you may have as to plans for further assessment, inclusion and scheduling of changes to the ANZSCO that would enable its prospective value to policy makers and to address current deficits.

For example, some industry and occupational classification groupings in ANZSCO appear to reflect occupations that may be broadly similar in terms of study content but not in occupational purpose. A case in point is **exercise physiologists**, who are currently classified within *2349: Other Natural and Physical Science Professionals*. Exercise Physiologists work extensively in providing therapeutic care across the health, disability and aged care service and other systems. The focus of their work correlates closely with other specialist allied health professionals, which (unlike Exercise Physiologists) are grouped under *252: Health Therapy Professionals*. This means that while the predominant focus of their work and the settings they work in are like those of other allied health professionals, they are grouped in a classification where the occupations are considerably different – for instance with ceramic scientists. This sort of anomaly can have negative implications for how health professions are identified, treated and funded in relation to various health related policy and service systems.

A further concern is the absence of **Allied Health Assistants (AHAs)** as a specific occupation identified in the ANZSCO. AHAs are a well-established workforce with a specific set of skills which (generally) requires the completion of a Cert III or Cert IV VET qualification: similar (or at a higher classification in some cases) to other important occupations such as Enrolled Nurses, Dental Assistants, Aboriginal and Torres Strait Islander Health Workers and Personal Care Workers in the aged and disability sectors. They are a distinct occupation with distinct and specific skills. AHAs are also a rapidly growing workforce in high demand across a range of sectors – including health, disability services, aged services and more. To evidence this, AHAs are employed in every State and Territory public health service in Australia ([NSW](#), [Vic](#), [Qld](#), [WA](#), [SA](#), [Tas](#), [NT](#) and the [ACT](#)) and increasingly more across disability and aged care, childhood development and other services in the public, private and community sectors, where allied health (and assistant) services can be in particularly short supply, especially in rural and remote Australia.

As an indication of the relative size and demand for Allied Health Assistants nationally, a search of the Seek jobs website conducted at time of writing using “Allied Health Assistant” identified around 3,200 advertisements. By way of comparison, a search for “Policy Manager” identified around 670 and “Statistician” identified 180.

As AHAs are not identified specifically in ANZSCO it reduces quality and coverage and may have significant implications for policy and funding decisions where the identification of workforces in high demand / significant shortage are identified by decision-makers using the ANZSCO. In view of the current priority the Government is giving to workforce development and policy, focused on the recent Jobs and Skills Summit and the associated Policy White Paper process, these issues are especially important now.

We note in the summary feedback you provided on the ANZSCO review on 27 September that there “was unanimous agreement that the classification no longer accurately reflects the labour market and that major updates are urgently required” together with other feedback, which suggests issue such as these should be addressed as a priority.

We have also had feedback from our membership that while acknowledgement of changes requests, such as relate to paramedics, are welcome, advice that these will be considered as part of a comprehensive review and update by December 2024 in time for the 2026 Census, can reinforce

concerns that the update of the ANZSCO, with the implications it has in a dynamic and evolving occupations and workforce environment is not being prioritised as highly as it should be. We appreciate timing issues are inevitably tied to resourcing decisions both within the ABS and in the funding allocated to the ABS for the purpose. SARRAH and, we believe, other stakeholders, with an interest in the issues outlined in this document, would be happy to argue for further investment in this important work.

If you would like to discuss issues raised in SARRAHs response or require further information, please Allan Groth at allan@sarrah.org.au.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'C. Maloney', written in a cursive style.

Cath Maloney
Chief Executive Officer

Services for Australian Rural and Remote Allied Health (SARRAH) exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all

Australians. SARRAH is a national, multidisciplinary member association, has been operating for 26 years and the only peak body fully focused on rural and remote allied health working across all disciplines. (More information: <http://www.sarah.org.au/>).