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Via email: strategy@digitalhealth.gov.au

Catholic Health Australia Submission: Consultation on the National Allied Health Digital Uplift Plan

Catholic Health Australia (CHA) welcomes the opportunity to provide feedback on the Australian Government Department of Health, Disability and Ageing's *National Allied Health Digital Uplift Plan*. CHA appreciates the work of the Department in partnering with the Australian Digital Health Agency and the Allied Health Professions Australia to develop the Uplift Plan that supports a connected and digitally-enabled allied health workforce. Our submission reinforces the case for a cohesive, system-wide approach to overcoming the barriers that hinder the integration of allied health services across the health, aged care, and disability sectors.

Our response outlines key principles designed to support the effective adoption of the Action Plan and to help realise its proposed outcomes. These include:

- alignment with broader health policy and reform agendas to support coordinated implementation of key initiatives, such as workforce planning, and integrated models of care
- providing targeted implementation support and/or incentives to ensure that the necessary conditions are in place for the sustainable uptake and long-term integration of initiatives aimed at building digital capability
- fostering engagement and confidence in digital skills of allied health professionals through embedded learning initiatives and recognition of these digital skills as being 'core' to the profession
- ensuring that digital tools and workflows are designed in consultation with allied health professionals to ensure that they are fit-for-purpose, accessible, and user-friendly, noting the diversity of contexts that allied health professionals work within
- securing adequate and sustained funding to support infrastructure, training, and digital systems integration.

CHA remains committed to advancing a sustainable, person-centred, and integrated care economy. We believe that supporting the care workforce to build digital capability is essential for delivering high-quality, equitable care nationwide. If you wish to discuss anything further, please contact Dr Katharine Bassett, Director of Health Policy on 0420 727 709 or at katharineb@cha.org.au.

Yours sincerely,



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www.cha.org.au

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services. CHA Members provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care provision.

Our members account for over 15 per cent of hospital-based healthcare in Australia and operate hospitals in each Australian state and in the Australian Capital Territory, providing about 30 per cent of private hospital care and 5 per cent of public hospital care in addition to extensive community and residential aged care.

CHA not-for-profit providers are a dedicated voice for the disadvantaged which advocates for an equitable, compassionate, best practice and secure health system that is person-centred in its delivery of care.

Submission

Background

The Australian Government Department of Health, Disability and Aged Care (the Department) is developing the National Allied Health Digital Uplift Plan (the Uplift Plan) in partnership with the Australian Digital Health Agency (ADHA) and Allied Health Professions Australia (AHPA). This initiative forms part of the implementation of the National Digital Health Strategy 2023–2028 and supports the broader Commonwealth Digital Health Blueprint and Action Plan 2023–2033. Together, these strategies aim to modernise the Australian healthcare system by driving digital transformation across all sectors, including the diverse and essential allied health workforce.

Allied Health Professionals (AHPs) play a vital role in delivering care across a broad range of settings, including community health, disability, aged care, mental health, and private practice. Despite this, many AHPs face significant barriers to digital adoption, including outdated infrastructure, inconsistent access to conformant clinical information systems (CIS), low digital literacy, and limited support in small or rural practices. The Uplift Plan seeks to address these challenges by providing a high-level, phased strategy to increase the digital capability and readiness of AHPs, enabling them to participate more fully in a connected and data-driven healthcare system.

The Department is undertaking a national consultation to ensure the final Uplift Plan is co-designed with the allied health sector and reflects the realities, priorities, and aspirations of the workforce. Feedback is being sought on the draft outcomes, focus areas, and actions proposed in the Action Plan, including whether they are clear, practical, and sufficiently supportive of digital capability uplift. The consultation also invites input on missing initiatives, effective support mechanisms, and the priorities most likely to drive meaningful digital transformation.

Overarching comments

The diversity of the allied health workforce — spanning over 20 distinct professions, each with varied practice settings, digital maturity, and workforce structures — means a one-size-fits-all approach is not feasible. Given the Plan’s five-year timeframe, it is important that engagement efforts are focused and strategic, rather than attempting to reach all professional groups equally from the outset. The Uplift Plan should therefore take a pragmatic, outcomes-driven approach by identifying priority cohorts of AHPs where early investment will deliver the greatest impact and demonstrate proof-of-concept. Targeting “first movers” based on their readiness, scale, and alignment with system-wide reform objectives will allow the Uplift Plan to build early momentum while still establishing infrastructure that ultimately benefits the broader allied health sector.

In addition, the success of the Uplift Plan hinges on dedicated and sustained funding. Building digital capability across such a diverse and decentralised workforce cannot rely solely on goodwill or voluntary uptake. Targeted investment is needed to support infrastructure upgrades, subsidise access to digital tools and platforms, and enable participation in training, particularly for small, rural, and sole-practitioner services that are often under-resourced. Without clear, ongoing funding commitments, there is a risk that digital uplift efforts will stall or widen existing inequities in access and capability across the allied health sector.

Response to consultation questions

Question 1: If the proposed areas for action in the draft Action Plan offers real and practical assistance with increasing digital capability

The Action Plan's initiatives are closely aligned with the Australian Digital Health Capability Framework, which outlines the essential digital health competencies for the health workforce. This framework identifies four key domains: the digital workplace, digital professionalism, data and informatics, and digital transformation. By embedding these competencies into the Action Plan, the government ensures that the proposed actions are grounded in a recognised standard, facilitating a structured approach to capability development.

Several initiatives within the Action Plan are particularly noteworthy for their practical impact:

- The promotion of a My Health Record-conformant CIS which enable AHPs to securely access and share patient information, enhancing clinical decision-making and care coordination. This aligns with best practices in interoperability and data sharing.
- Initiatives to support the implementation of the *Cyber Security Act* and provide targeted education on cybersecurity risks address a critical area of concern. Ensuring that AHPs are equipped to protect patient data is an enabler to maintaining trust and safety in digital health practices.
- The development of resources tailored to the diverse needs AHPs, including digital literacy programs and training modules on electronic prescribing, directly addresses the varied skill levels within the workforce, promoting inclusivity and competence.
- Expanding the functionality of CIS to support electronic prescribing and requesting for imaging and pathology tests empowers AHPs to work to the top of their scope of practice, streamlining service delivery and reducing administrative burdens.

To ensure the successful implementation of these initiatives, each action outlined in the Action Plan should have a clearly designated individual or team responsible for its execution, along with appropriate contact information for users of the Action Plan. Establishing accountability and maintaining a consistent approach to both the design and delivery of these initiatives are important to achieving the intended outcomes across the proposed areas of action.

Diversity of digital literacy levels

Digital literacy levels however vary widely across the allied health sector, from large urban practices to solo rural practitioners. To address this diversity more effectively, the Action Plan could include initiatives that:

- **Develop modular, role-specific learning paths** that are tailored to specific professions, practice sizes, and digital maturity levels, as opposed to broad resources. For example, a rural physiotherapist's digital needs differ from an urban dietitian's, so content and delivery methods should reflect these differences. To ensure consistency in implementation as well as to enhance transparency across the sector, these learning paths should be easily accessible by all AHPs.
- Encourage the **establishment of communities of practice** where digitally proficient AHP mentor those less experienced. This peer-to-peer model has proven effective in healthcare

education and could boost engagement and practical learning. These communities of practice could also help address workforce challenges in regional, rural and remote areas.

- **Accelerate partnerships with education providers** to embed digital health competencies into university and vocation. A recent example from the nursing profession involves university nursing students on home-based palliative care placements being paired with experienced registered nurses, who were able to provide remote supervision and real-time feedback supported by their use of technology.¹
- **Provide platforms** that allow AHPs to compare their performance with peers and identify opportunities for improvement, fostering a culture of continuous learning. With reference to the planned and ongoing initiatives under Action 1.3, a website or learning portal could be developed to consolidate the range of resources available to AHPs. As part of this platform, there could be integrated modules to enable tracking of learning and development goals.

Recommendation 1: Address the diversity in digital literacy levels through the following initiatives:

- a. Design and implement a standardised website or learning portal which incorporates modular, role-specific learning paths, as well as integrated modules to enable tracking of learning and development opportunities or goals.
- b. Accelerate partnerships with education providers to embed digital health competencies into university and vocation.
- c. Establish communities of practice where digitally proficient and more experienced AHPs are empowered to mentor those less experienced.

Modernised infrastructure

In addition, a significant barrier to digital uptake is inconsistent access to reliable internet, modern hardware, and up-to-date CIS, especially in rural and remote areas. To overcome this, the Action Plan could:

- Recommend targeted funding support or subsidies for small practices and rural providers to upgrade infrastructure, purchase compliant software, and maintain cybersecurity standards.
- Encourage software vendors to develop affordable, cloud-based platforms that minimise the need for local infrastructure investment and enable easy updates and interoperability. This would involve a designated lead to explore current vendor options and undertake a value for money assessment. This lead would also drive the implementation of one consistent platform across a designated pilot region or jurisdiction to mitigate the risk of fragmentation of systems and processes in the long-term.

¹ [Nursing students don smart glasses on placements | Health Services Daily](#)

Recommendation 2: Address infrastructure concerns, especially prevalence in rural and remote areas by:

- a. Partner with government agencies to deliver targeted funding support or subsidies to small practices and rural providers for required upgrades.
- b. Partner with software vendors and implement a standard cloud-based platform to support digital uptake in AHPs while mitigating risk of system fragmentation in the long-term.

Piloting new and emerging technologies

Furthermore, the Action Plan also acknowledges the importance of preparing AHPs for emerging technologies, including artificial intelligence (AI) and data-driven decision making. The Action Plan's focus on developing safe and effective clinical decision support tools indicates a proactive approach to integrating AI in a manner that enhances care without compromising safety. In addition, initiatives to support the use of clinical data for evidence-based policy development and service planning empower AHPs to contribute to a learning health system, fostering continuous improvement and innovation. One way to provide more detailed guidance and support on emerging technologies could be to fund pilot programs where AHPs can trial emerging technologies with evaluation and feedback loops, building lasting artefacts for system-wide improvements and accelerating safe adoption aligned with ethical best-practices. CHA members would welcome the opportunity to participate in these pilot programs, reflecting their ongoing commitment to supporting all workers through the digitisation journey and recognising the diverse care settings where AHPs play a vital role.

Recommendation 3: Fund and pilot innovative approaches that enable AHPs to trial emerging technologies with dedicated evaluation and feedback loops to accelerate safe, ethical adoption of emerging technologies.

Integration into the broader care economy

Finally, the emphasis on collaborative, multidisciplinary, and person-centred care within the Action Plan rightly underscores the critical role of AHPs in delivering integrated healthcare. However, CHA notes that the key implementation partners identified, namely state and territory health departments and Services Australia, are organisations whose programs and infrastructure are predominantly concentrated in metropolitan and larger regional centres. For example, most state-funded digital health initiatives, such as electronic medical record systems and secure messaging platforms, are typically deployed first in major public hospitals and urban health networks, where scale and infrastructure make implementation more feasible.

Similarly, while Services Australia oversees national digital platforms such as My Health Record and electronic prescribing services, uptake and practical use of these systems remain lower in rural and remote areas due to barriers like poor connectivity, limited IT support, and lower digital literacy. This reflects broader patterns reported in national reviews, such as the Australian Digital Inclusion Index and the Services for Australian Rural and Remote Allied Health (SARRAH) workforce reports, which highlight that rural and non-government AHPs often lack access to the digital tools and supports available in more centralised, public sector settings. Without targeted strategies to address these disparities, there is a risk that the benefits of the Action Plan may be

unevenly distributed and concentrated in the public health sector and urban centres, leaving AHPs working in aged care, disability services, private practice, and regional, rural, and remote areas at a disadvantage. These parts of the care economy rely heavily on AHPs, and targeted support would not only enhance their professional experience but also strengthen service delivery in underserved communities. Therefore, further work could be done to ensure the Action Plan supports equitable digital capability uplift across all parts of the allied health workforce, regardless of geography or funding model.

By facilitating secure communication and data sharing, the Action Plan supports AHPs in delivering coordinated care that is responsive to individual patient needs. To strengthen adoption of the Action Plan across the care economy, it is recommended that:

- AHPs are actively involved in designing digital tools and workflows to ensure they meet real-world needs, reduce administrative burden, and fit seamlessly into clinical practice. It is essential that the design process acknowledges the diverse contexts and experiences of AHPs across the care sector, ensuring that digital solutions genuinely support connected and coordinated care.
- Integration support and change management is provided, including hands-on assistance to help practices integrate new systems, redesign workflows, and manage change effectively. This could include onsite visits, webinars, and practical guides.

Recommendation 4: To strengthen adoption of the Plan, consider the following principles:

- a. Actively involve AHPs in the design process of digital tools and workflows to ensure they are fit-for-purpose, meeting real-world needs, reduces administrative burden, and fits seamlessly into clinical practice.
- b. Provide integration support and change management specific to the implementation context. This may include hands-on assistance to integrate new systems, redesign workforces or other implementation activities.

Question 2: The supports and resources most likely to be used by AHPs to assist the uptake of digital health offerings

The successful adoption of digital health by AHPs depends on the following key enablers and support mechanisms:

Tailored education and training programs

Evidence consistently highlights that digital literacy and competence are enablers to the adoption of digital health tools. AHPs benefit most from educational resources that are:

- **Profession specific and contextualised**, with training addressing the specific workflows, challenges, and clinical scenarios of different allied health disciplines promotes relevance and engagement.
- **Modular and flexible**, including self-paced online modules and blended learning options that enable practitioners across varied settings to access training that fits their schedules.
- **Practical and skills-based**, including tailored sessions, simulations, and case studies that help build confidence in using digital tools such as electronic health records (EHRs), telehealth platforms, and clinical decision support systems.

The Uplift Plan emphasises these approaches by proposing resources tailored to the diverse digital literacy levels across the sector, including continuous professional development partnerships with bodies such as the Australasian Institute of Digital Health.

As noted in our response to Question 1, it is important that the Action Plan also considers the approach and format of training and education delivery. Alignment with training priorities outlined in complementary strategies, such as the National Allied Health Workforce Strategy,² is essential to ensure a cohesive and coordinated approach that supports the effective uptake of digital health initiatives.

Recommendation 5: Ensure that there are tailored education and training programs that are: profession specific and contextualised; modular and flexible; practical and skills-based.

Simplified and streamlined registration and access processes

Administrative barriers can significantly hinder digital uptake. Simplifying processes such as registration for government-led digital health services (e.g. Health Identifiers Service, My Health Record) is important. This includes:

- Clear, user-friendly procedures and guidance materials with step-by-step instructions and dedicated support lines to improve the user experience and reduce frustration. These procedures and materials should demonstrate clear awareness of the nuanced differences in AHP roles and responsibilities, and be designed in consultation with AHPs to ensure that they are fit-for-purpose.

² Refer to CHA's Submission on the National Allied Health Workforce Strategy: <https://cha.org.au/national-allied-health-workforce-strategy-submission-2/>

- Seamless integration of services (e.g. linking My Health Record with My Aged Care) to ensure AHPs can access all relevant digital platforms through consolidated portals, saving time and improving workflow efficiency. As part of this work, there is also an opportunity to identify duplicative systems or processes, with a view to address these administrative barriers through service integration.
- Tailored supports could be made available in multiple languages to ensure the diverse cultures and experiences of AHPs can be appropriately accommodated within existing administrative workflows. Alternatively, these supports could be delivered as part of other support structures, such as communities of practice as referenced in our response to Question 1.

Recommendation 6: Ensure that there are simplified and streamlined registration and access processes that are accompanied by:

- a. Clear, user-friendly procedures and guidance materials that have been designed in consultation with AHPs to ensure that they are fit-for-purpose.
- b. A seamless integration of services to ensure AHPs can access all relevant digital platforms through consolidated portals.
- c. Tailored supports that are culturally inclusive and respectful of the diversity of experiences that AHPs may have.

Access to conformant clinical information systems

Digital health adoption depends on the availability of reliable, interoperable, and user-friendly clinical software. To support this, it is recommended that:

- CIS are compliant with Australian digital health standards (e.g. SNOMED terminology, Fast Healthcare Interoperability Resources (FHIR) interoperability) to facilitate secure information sharing and care coordination.
- Cloud-based, cost-effective, and scalable systems are implemented with a view to reduce infrastructure burdens and improve seamless sharing where practicable. This is particularly beneficial for small and solo practitioners.
- There is strong collaboration with software vendors to provide technical support and training helps maintain sustained use and troubleshoot issues promptly.

Recommendation 7: Ensure that:

- a. CIS are compliant with Australian digital health standards (e.g., SNOMED terminology and FHIR interoperability) to facilitate secure information sharing and care coordination.
- b. Cloud-based, cost-effective, and scalable systems are implemented with a view to reduce infrastructure burdens and improve seamless sharing where practicable.
- c. Sustained use of software is maintained through strong collaboration with software vendors to provide technical support and training.

Cybersecurity and privacy education

With increased digital connectivity comes heightened risk of data breaches and privacy concerns. Providing AHPs with robust cybersecurity education based on their context will:

- Build trust and confidence, as understanding data protection requirements and cyber hygiene reassures practitioners and patients alike.
- Promotes safe practices, including targeted awareness campaigns, especially for small practices with limited IT support, to reduce vulnerabilities.

Peer networks and communities of practice

Social and professional networks provide informal support that complements formal training. This can include:

- Peer learning, which provides opportunities to share experiences, successes, and challenges and encourages adoption through social proof and reduce resistance.
- Mentorship programs, whereby digitally proficient AHPs are paired with those less experienced to facilitate practical knowledge transfer and motivation.

While peak professional bodies such as the Australian Physiotherapy Association and Occupational Therapy Association play an important role in managing these peer networks, the cost of membership can be prohibitive for many practitioners, particularly to those working part-time or on casual basis. It is the experience of some CHA members that only half of the physiotherapy workforce are current members of the APA, which also experiences constrained representation from the rural physiotherapy workforce.

Importantly, these initiatives should be context specific, inclusive and scalable. One approach could be to facilitate partnerships between digital health solution providers with large employers of AHPs to integrate digital tools and training into their internal learning and development programs, which is particularly helpful for less experienced practitioners. Another approach could involve a hospital operator working with AHPs establishing a peer learning network with a designated champion for digital health offerings. These dedicated, context-specific networks and partnerships are valuable starting points for promoting knowledge-sharing and upskilling in ways that are directly relevant to the day-to-day work of AHPs. These networks could also adopt methodologies from similar community of practice programs, such as [Lean-In Circles](#), where there are publicly available resources to support growth and development of these communities.

Recommendation 8: Encourage the development or establishment of peer networks and communities of practice that are context specific and developed in partnership with meaningful partners, such as healthcare providers. This may also involve facilitating partnerships between digital health solution providers with large employers of AHPs to integrate digital tools and training into internal learning and development programs to promote accessibility and uptake to continuous learning and development across the sector.

Consumer engagement resources

Engaging patients in digital health through education and empowerment encourages demand and meaningful use of digital tools. This can be achieved through:

- Accessible patient education resources explaining digital health benefits, encouraging patients to share data and actively participate in their care. These resources must empower patients with agency and voice, while also providing clear avenues to address questions or concerns about how their data is used in the delivery of care.
- Tools to support self-management, such as mobile apps and portals that facilitate chronic disease management to enhance the value of digital health in practice. Participatory codesign of these tools with AHPs and consumers is important to ensure that they are user-friendly, accessible and fit-for-purpose.
- Digital health patient education resources that are inclusive in their design and implementation. This may include a range of languages and formats used to ensure that it is tailored to a diverse range of audiences.

Consumer engagement resources should be considered as part of broader health promotion strategies that may be planned or already in place, to ensure alignment with existing sector-wide initiatives aimed at improving health literacy. These resources play an important role in addressing misconceptions that may prevent patients from actively participating in virtually-enabled models of care. By fostering understanding and confidence, they help mitigate the perception that virtual care limits meaningful interaction with clinicians.

These resources should also support AHPs by addressing common misconceptions about the effectiveness and safety of virtually-enabled models of care. Building clinician confidence will help to ensure consistent, high-quality service delivery, and encouraging the appropriate use of telehealth and other virtual modalities.

To support this shift, targeted engagement efforts would build trust across both consumer and clinician groups, reinforcing the legitimacy of virtual care as a safe, effective, and high-quality option—particularly in settings where access or mobility may be limited.

Integration with broader health policy and workforce strategies

Embedding digital health capability into workforce policies will help build systemic support. This includes:

- Linking digital capability with workforce sustainability, including the National Allied Health Workforce Strategy, to reinforce the importance of digital skills and incentivise uptake.
- Formal recognition of digital competencies, including accreditation and professional development frameworks, that incorporate digital skills and motivate AHPs to pursue continuous improvement.

Embedded digital health capabilities should always be adaptable to the specific needs of different care contexts. Prioritisation of key, transferrable digital skills as part of this Plan will support the effective implementation of broader health policy and workforce strategies.

Recommendation 9: Ensure that the Action Plan is implemented with systemic supports in place, including linking digital capability with workforce sustainability policies, and formally recognise digital competencies to encourage continuous improvement. Any embedded digital health capabilities should be adaptable to meet the needs of different care contexts to recognition the diverse experiences of AHPs.

Question 3: If the proposed outcomes, focus areas and actions are clear, concise and provide sufficient guidance and direction

Stakeholder management and engagement

The Uplift Plan would benefit from explicitly identifying its intended audience to guide planning of initiatives detailed in the Plan. This should include clarifying which organisations or bodies are responsible for each action to streamline implementation and coordination. CHA and its members note that the Action Plan currently identifies the key Digital Uplift partners associated with initiatives to support certain Actions, but does not assign specific responsibilities against these initiatives.

Realistic and quantifiable targets

Furthermore, the initiatives outlined in the Action Plan would benefit from clear, quantifiable outcomes. Setting clear targets for each initiative would enable evaluations or reviews of its effectiveness relative to achieving the overall Actions that these initiatives were intended to support.

In addition to Outcomes, setting quantifiable targets, such as increasing AHP participation in digital training programs by a certain percentage, can help assess the plan's effectiveness. These targets not only enable assessment of the Plan's impact but also foster accountability and transparency across the sector and among stakeholders. Regular progress reporting against each target, aligned with specific outcomes and tracked at defined intervals, will help build confidence within the allied health community and the broader care economy.

Recommendation 10: Ensure that the Plan:

- a. Clearly identifies an intended audience and clarifies responsible owners of each Action.
- b. Sets out clear, quantifiable outcomes with related targets to enable evaluation of the Plan's implementation effectiveness.

Outcome 4 specifies that the Action Plan is intended to “[enable] AHPs to deliver world class person-centred care” however misses the opportunity to clearly establish a definition for ‘world-class person-centred care’ and limits the potential for impactful guidance and direction. While Action 4.1 identifies one aspect — allowing consumers to access their health information anytime, anywhere — there is an opportunity to expand this vision.

An additional Action could be added to Outcome 4 to articulate the opportunity for “Consumers to be empowered by digital health tools or models to participate in their care”. This would help build a shared understanding and accountability among digital uplift partners, ensuring

consumers are meaningfully included in the digitisation journey and that emerging models of care genuinely place them at the centre.

Recommendation 11: Incorporate an additional Action to Outcome 4 such as: “Consumers to be empowered by digital health tools or models to participate in their care.”

Question 4: If there are any missing or upcoming (government and non-government) initiatives that should be included in the Action Plan

The following initiatives should be included in the Action Plan:

- **National Digital Health Capability Action Plan:** The Australian Digital Health Agency's [National Digital Health Capability Action Plan](#) is a seven-year program aimed at equipping Australia's health workforce for a connected, digitally-enabled future. This plan emphasises the development of standard capability frameworks, guidelines, resources, and tools through ongoing sector consultation. Aligning the Allied Health Digital Uplift Plan with this broader initiative can ensure consistency in digital capability development across the healthcare sector.
- **State-level digital health frameworks:** Several states have developed their own digital health capability frameworks tailored to the needs of AHPs. For example:
 - Victoria's [Digital health capability framework for allied health professionals](#) provides a self-evaluation tool to assess digital health knowledge and skills, facilitating targeted learning and development plans.
 - Queensland's [Allied Health Digital Transformation Roadmap](#) outlines high-level initiatives to progress digital transformation in allied health service delivery and practice over a ten-year period.

Incorporating elements from these state-level frameworks can provide a more nuanced and practical approach to digital capability development within the national plan.

- **South Australian AI initiative:** The [South Australian government's \\$28 million AI initiative](#) aims to expand AI applications across the public sector, with a focus on healthcare. The program includes "proof of value trials" to showcase AI's ability to enhance efficiency and service delivery in healthcare settings. Integrating insights and outcomes from this initiative can inform the development of AI-related competencies and tools within the Allied Health Digital Uplift Plan.
- **Non-government organisations:** Non-government platforms like [Splosh](#), an AI-driven practice management software for physiotherapists and chiropractors, are gaining traction in the allied health sector. Splosh's features include automated appointment bookings and practice note transcriptions, highlighting the potential of AI in streamlining administrative tasks. Engaging with such platforms may provide practical insights and tools that support the digital transformation objectives of the Action Plan.
- **Digital Health Blueprint 2023–2033:** The Australian Government's [Digital Health Blueprint 2023–2033](#) outlines a ten-year vision for delivering a more person-centred, connected, and sustainable health system through digital capabilities. Ensuring that the Allied Health Digital Uplift Plan aligns with the goals and initiatives of this blueprint can promote coherence and synergy across national digital health strategies.

- **Other initiatives:** Plans for implementation and integration of telehealth and virtual care service delivery. It is important for the Action Plan to have been developed in consultation with a diverse range of stakeholders to ensure that where these plans are being developed by other teams within the Department or other agencies, it can be captured in a centralised manner, such as through this Action Plan.
- **Guidance on use of emerging technologies:** Initiatives that explore or provide guidance on the use of emerging technologies, such as virtual and augmented reality tools to support care provision for chronic pain management and concussion rehabilitation, should be considered as part of this Action Plan. Pilot projects to accredit these emerging technologies for use by practitioners should also be considered as additions to the Plan.

Question 5: What would make the most impact in increasing digital maturity and capability of AHPs

Digital literacy

Education is the cornerstone of digital maturity. The diversity of the allied health workforce, spanning over 200,000 professionals across 18 professions, many in solo or small private practice, means that a one-size-fits-all approach is ineffective. The most significant impact will come from tailored, practical, and accessible digital health education that meets practitioners at their current skill level and guides them through incremental capability building or credentialing opportunities. Embedding digital health into undergraduate and postgraduate curriculum, offering continuing professional development (CPD) points for completing digital health modules focused on clinical use cases, and expanding access to free, online, modular learning will build digital confidence. Importantly, offering tangible incentives to support AHPs to participate in educational programs is an effective strategy to enhance digital literacy and engagement across the workforce.

Digitally-enabled tools

In addition, digital literacy without the tools to apply it achieves little. Therefore, ensuring that conformant CIS are interoperable, user-friendly, and cost-effective will have a complementary impact. AHPs must be able to easily integrate digital health tools like My Health Record, secure messaging, electronic prescribing, and requesting into their daily workflows. The federal government's [Allied Health Industry Offer](#) is a promising initiative to support vendor development of conformant systems, but more aggressive policy levers may be needed, such as mandating interoperability standards and providing grants for adoption of new technologies or digitally-enabled models of care.

Tailored support to meet digital infrastructure needs

Many AHPs operate in small or solo practices, often in rural or regional locations where connectivity and IT support are limited. These providers are least likely to engage with digital transformation yet are often most in need of it. Targeted support, such as funding for digital onboarding, local implementation officers, or regional peer-learning networks, can reduce the digital divide. Embedding AHPs within Primary Health Network (PHN) digital transformation initiatives could leverage existing local support structures to accelerate digital maturity and capability-building. This could include empowering AHPs to serve as digital champions within

PHNs, fostering collaboration and driving the adoption of digitally-enabled practices tailored to local needs.

Recognition of digital capability as ‘core’

For sustained impact, digital capability must be recognised as core to professional allied health practice. Regulatory bodies and peak organisations should embed digital health competencies within accreditation, continuing registration, and practice standards. These competencies must also be clearly communicated across the allied health sector to generate interest, build confidence, and drive widespread adoption. Aligning digital skill-building with national reforms, such as MyMedicare, chronic disease management, and the Digital Health Blueprint 2023–2033, will help ensure digital capability is seen not as an optional extra, but a foundational element of high-quality, multidisciplinary care.

Data-driven impact and insights

Improving digital maturity must include strengthening AHPs’ ability to contribute to and use data. Access to high-quality, real-time clinical data supports evidence-based practice, enables benchmarking, and informs service planning. Effective workforce planning for the allied health sector depends on the availability of robust, meaningful data, particularly regarding the number of AHPs and the specific areas in which they operate. Such data is important for designing targeted incentives and support mechanisms that respond to the evolving needs of the workforce. One example that may enhance this data collection is captured in the initiative to modernise the Healthcare Identifiers Service. Insights generated from this and other initiatives outlined in the Action Plan should be systematically reported to the sector and synthesised as part of a broader impact evaluation. This evaluation would assess the Plan’s effectiveness in achieving its objectives and inform future strategic planning.

Strategic long-term planning

Finally, to fully realise the benefits of increased digital capability and maturity among AHPs, a comprehensive and overarching strategy is essential. This strategy should clearly articulate how these advancements will influence the broader care economy, ensuring that initiatives are aligned with long-term goals of the sector. Investments in clinical decision support tools, a national data strategy for the allied health sector, and the integration of AHP data into broader health datasets (e.g. AIHW) will accelerate the allied health sector’s contribution to a learning and growing care economy.

Recommendation 12: Consider the following principles to ensure initiatives outlined in the Action Plan achieves its intended objective of increasing digital maturity and capability of AHPs:

- a. Prioritise digital literacy through the delivery of tailored, practical, and accessible digital health education that meets practitioners at their current skill level and guides them through incremental capability building or credentialing opportunities.
- b. Ensure AHPs are supported by digitally-enabled tools that are CIS conformant, interoperable, user-friendly, and cost-effective.
- c. Ensure that tailored, context-specific support for AHPs is accessible at the right place and at the right time.

- d. Prioritise initiatives that encourages recognition of digital capability as 'core' to the sector.
- e. Ensure that AHPs have access to high-quality, real-time clinical data supports evidence-based practice, enables benchmarking, and informs service planning, while being supported to contribute to a national dataset on AHPs to enable effective workforce planning.
- f. Develop a comprehensive strategy for realising the benefits of increased digital capability and maturity among AHPs, ensuring that this strategy articulates any influences on the care economy and captures contributions of the sector towards a broader health reform agenda.