THE VALUE OF ALLIED HEALTH RESEARCH IN AUSTRALIA

A Position Statement from Professors of Allied Health embedded in Health Services, 2021

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KEY MESSAGES

Allied Health Research Position Statement

Allied health professionals make up one quarter of the Australian health workforce. They play an important role in managing disability, chronic illness, rehabilitation, and a wide range of other health conditions across the lifespan.

Allied health research is research led by allied health professionals. Australian allied health professionals conduct world-leading allied health research. A relatively modest investment has led to significant impact through publications, competitive grant funding, staff capacity, service changes, and improved patient health outcomes.

Further funding and the development of sustainable career structures would enable allied health researchers to develop cost-effective solutions to achieve greater benefit for consumers, the health, disability and education sectors, and the community.

The purpose of this statement is to:

- Highlight the value of a strong and highly skilled allied health research workforce to Australia.
- Orientate practitioners, managers, and policymakers to key issues and perspectives on the training, career paths, and representation of researchers with an allied health background.
- Highlight the potential of current and future allied health research that addresses health and wellbeing priorities among people and communities, across local, state, and national jurisdictions.
- Promote dialog and useful activity between allied health researchers and allied health professionals, health service managers, and policymakers.

Further, this statement highlights the priorities and opportunities for allied health research to improve the delivery and impact of services, including:

- Supporting a diverse and highly skilled allied health research workforce, including allied health research that is embedded in practice, to improve health outcomes and standards of practice.
- Supporting the development of knowledge translation roles in allied health to facilitate the rapid implementation of high-quality research evidence into practice.
- Attracting and retaining high-quality allied health professionals through research career progression and pathways.
- Improving and accelerating the cycle of research evidence into allied health practice to improve health outcomes.
- Capitalising on the multidisciplinary nature and diversity of allied health training and the very high calibre students attracted to these allied health professions.
KEY ACTIONS

Summary

The opportunity for better health care for the Australian community through enhanced investment in allied health research career pathways and funding focused on allied health research is clear. A single strategy approach is not sufficient, and a comprehensive approach of project support and tailored research capacity building strategies and actions is required.

Actions

Allied health research: increase in strategic funding and impact

- Identify and address gaps in knowledge to prioritise research that will have the greatest impact in delivering better care and improved health outcomes. Increase project funding for clinical trials in allied health such as those directed at testing and enhancing the nonproprietary procedural interventions that are typically used by allied health.
- Increase funding and opportunities for implementation research and practice-based research.

Allied health research: increase in visibility and influence

- Lobby for changes to enabling documents of key research bodies to ensure allied health researchers and allied health research is included and prioritised.
- Increase public awareness of the impact, value, and diversity of allied health research.

Allied health research: increase clinician-researcher opportunities and support career pathways

- Establish and support career paths for early and mid-career clinician-researchers (also called clinician scientists) in health services so that clinicians who have completed a PhD can keep progressing their research careers and their expertise is valued and retained within health services.
- Develop and implement strategies to recruit, support, and mentor allied health clinicians to complete research higher degrees (PhD, MPhil, MSc etc), including for part-time enrolment.
- Increase research Masters and PhD scholarships for allied health clinicians so that they can conduct relevant and impactful research embedded within their workplace, and encourage part-time scholarship arrangements to enable staff to remain in clinical roles while studying.
- Increase funding for research scholarships to support allied health professionals in health services so that they can acquire research skills.
- Increase funding for research fellowships (particularly part-time) to support allied health clinician-researchers in health services so that they can continue their research after completing a higher degree.
Background & Purpose

Overview

Allied health professionals make up a quarter of the Australian health workforce and they play an important role in managing disability, chronic illness, rehabilitation, and a wide range of other health conditions. At a policy and health system level the value of allied health is often overshadowed by nursing and medicine despite the large volume of high-quality research evidence demonstrating the value of allied health in improving health outcomes and health system efficiency (1, 2).

Allied health researchers conduct high quality research aimed at improving the health, wellbeing, and quality of life of Australians of all ages living in urban, rural, regional, and remote locations.

Allied health research is research-led by allied health professionals who bring their unique expertise and perspectives to the issues that face our community. Each year allied health research makes an important contribution to the health and wellbeing of the Australian community through health promotion, through innovative and context specific interventions, and through enhanced outcomes for service users (1). The quality and quantity of allied health research has recently been recognised in the creation of a new 2-digit Field of Research code. With this code allied health research will be more visible in national statistics on research output.

Allied health research provides a valuable evidence base for policy makers and clinicians and for knowledge translation activities. However, allied health research has largely been conducted without the deep and sustained support from health services and research funding organisations that invigorates other health and medical research (3). Thus, the contribution that allied health researchers can make to improving the health system and inform system level change is currently suboptimal. Enabling allied health researchers to reach their full potential could transform the way health care is delivered in Australia, improve health outcomes, and reduce health and social service costs (4, 4).

What is Allied Health?

Allied health professionals make up about a quarter of the health workforce in Australia. Allied health professions include, but are not limited to:

- Audiology
- Diversional Therapy
- Exercise Physiology
- Genetic Counselling
- Nuclear Medicine Technology
- Nutrition & Dietetics
- Occupational Therapy
- Radiation Therapy
- Optometry

- Orthotics
- Orthotics & Prosthetics
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology
- Radiography
- Social Work
- Speech Pathology
These university educated professionals provide a range of prevention, diagnostic, and treatment services throughout Australian health and community services. They are essential for the health and wellbeing of the Australian community.

**What is Allied Health Research?**

Allied health research is:

- Research conducted by allied health clinicians and researchers who bring their unique disciplinary skills, perspectives, and methods to the research question.
- Research that encompasses the broad roles of allied health professionals including expanded and extended scope of practice.
- Research conducted in a wide range of settings including health care, community services, education services, universities, and research institutes.
- Research that benefits the consumers of allied health services and their communities.

Many allied health disciplines have long and deep research traditions that have made unique contributions to human knowledge and have led to significant advances in health care. Allied health research is diverse, with strengths in functioning, wellbeing, and quality of life. It spans discovery-oriented research within specific disciplines strategic and commissioned policy and public health research, clinical trials, knowledge translation and implementation science, and other health and community services research.

**Allied Health Research in the Context of the Australian Health System**

Allied health research is prepared to address the challenges faced by the Australian health system, including:

- The escalating costs of health care due to increasing population, increased prevalence and burden of chronic diseases, an aging population, and the introduction of expensive new technology.
- A siloed health system focused on individual health professionals treating discreet medical conditions or parts of the body rather than integrated care that supports people to achieve optimal health.

Meeting these ongoing challenges requires a learning health system with the capacity and flexibility to identify and solve problems as they arise. The goal of a learning health system is to achieve the best possible patient outcomes at a reasonable cost(5). Research is at the core of a learning health system that responds and adapts to changes in the environment. Health services that are more research active have better patient outcomes(6–8). However, there are problems with the pipeline between research, practice, and policy. Research can often ask the wrong questions, employ the wrong methods, and/or does not get into the hands of people making decisions(9). Even when there is a clear question and appropriate methods, the practical implications for health care are often not obvious to health professionals. Strong links between research, health and community services and policy makers are needed to maximise the benefit of research investment. Supporting clinician-researchers, embedding researchers in health services, and employing trained people in specific knowledge translation roles are some effective methods(10).
The allied health workforce is large and contributes to the health and wellbeing of the Australian community. Enabling this workforce to take a leading role in embedding research in practice will create a more responsive learning health system.

The Value of Embedding Allied Health Research in Practice

The Australian Clinical Trials Alliance (11) defines 'embedding research' as: "the process of integrating research activities into routine patient care, to facilitate the appropriate, timely and efficient generation and implementation of the best available evidence".

Embedding research in practice is a requirement of a learning health system. It is supported by:

1. Proportionate regulation and governance.
2. Public awareness and acceptance of research.
3. Research infrastructure in health and community services.
4. Knowledge and use of pragmatic research designs.
5. A culture that values research within health and community services.
6. A secure and skilled research workforce within health and community services.

Allied Health is a large workforce with representation in all parts of the health system, from acute care to rehabilitation and community services, to health promotion and disease prevention, and to disability services. This breadth, combined with strong links with other sectors, such as education and industry, makes allied health an ideal fit for embedding research in practice. Allied health researchers can play key roles in implementing all the supportive features listed above, as well as leading the design and conduct of embedded research projects themselves.

Research that is embedded in practice is more likely to engage provider stakeholders. Greater engagement of clinicians will produce research that is more relevant to the realities of health and community services and more likely to be implemented. Thus, embedding research into practice is more likely result in improved patient care, ie. better outcomes from research investment. This statement concludes with some examples that reflect the diversity of allied health research and demonstrates the impacts.

**ACTIONS TO ENHANCE THE VALUE OF EMBEDDING ALLIED HEALTH RESEARCH IN PRACTICE**

- Increase public awareness of the impact, value, and diversity of allied health research.
- Increase funding and opportunities for implementation research and practice-based research.

**Allied Health Research Training and Career Progression**

University undergraduate and post-graduate programs for training allied health professionals have high entry requirements and allied health professionals are a highly educated workforce. Allied health
entry level programs in Australia provide graduates with the knowledge and skills required to be a critical consumer of research and to provide research informed practice. But despite training in evidence-based practice and positive attitudes towards research, allied health clinicians commonly report short-comings in their capacity to appraise and integrate research into their clinical roles. To gain maximum benefit following graduation, planned, organised, and supported pathways are needed to grow capacity to understand and use research, participate in research, and further, to originate and lead research in allied health. Research training requires:

- Supervision by an appropriately qualified and experienced researcher.
- Understandings of methodological considerations at a post-graduate level.
- Understandings of current healthcare practice.
- Conceptualisations of, and the ability to generate rationale for, research design at a post-graduate level.

Despite allied health professionals being among the best and brightest school leavers, the lack of opportunities for advancement in health services leads to frustration, attrition and, are a lost opportunity for community benefit from this human capital. There are significant barriers for clinicians employed in health services to complete research higher degree training, mainly due to lack of support in time and funding. Integration of research training into practice, eg. by supporting clinicians to engage in research higher degrees, provides a significant opportunity to engage these bright minds in optimising services to improve the health outcomes of people who use allied health services.

Career pathways for allied health professionals who aim to, or are currently, participating in research programs are limited and unclear. In other disciplines, such as medicine, there is an expectation that research is part of their role and there is a clear career structure and expectations.

Allied health researcher career pathways need to:

- Provide a seamless entry from clinical roles wherever possible.
- Be supported and acknowledged by their employers as consistent with the development of clinical specialisations.
- Enable allied health professionals to stay within clinical service roles, or blended research/clinical roles where possible(12).

In the absence of an overarching plan or vision, allied health researchers have followed several different research career pathways. Some start their careers providing clinical services and move into research roles within leading research institutes. Others combine research with teaching within their profession in a university context. Some work mainly with patients or clients while doing research alongside their practice but find opportunities for promotion are limited. These allied health researchers embedded in practice are the focus of some specific actions below. Finally, there is a small group, including those who authored this statement, who are senior allied health researchers working in both the health services and the university sector.
EXAMPLE OF TYPICAL CAREER PATHWAY

Dr McLaughlin\(^1\) worked full time as a physiotherapist in a leading metropolitan teaching hospital with a grading at level 3. She completed her PhD on an improved model of care for her patients by working in the evenings and weekends with study leave from the health service. Her work was published in international peer reviewed journals and she was invited to present at national and international conferences. On completing her PhD, she was unable to be regraded to a higher level and her managers were unable to find a budget for her to continue her research despite the obvious improvements in patient care resulting from her work. She had also encouraged and supported her peers to undertake more quality improvement and research in their practice. She was encouraged to go into management but did not see this as advancing her clinical or research skills. After several years of trying to integrate research into her practice Dr McLaughlin reluctantly took a full-time position in a university. The health service filled her position with a new graduate as this was the best way to service the clinic waitlist. The expertise Dr McLaughlin had built improved the education of physiotherapists and focused her research, but her experience and skills were lost to the health service.

ACTIONS TO SUPPORT AH RESEARCHER CAREER PATHWAYS

- Establish and support career paths for early and mid-career clinician-researchers (clinician scientists) in health services so that allied health clinicians who have completed a PhD can keep progressing their research careers and their expertise is valued and retained within health services.
- Develop strategies to recruit, support, and mentor allied health clinicians to complete research higher degrees (PhD, MSc, MPhil), including those who are enrolled part-time.
- Increase research Masters and PhD scholarships for allied health clinicians to conduct relevant and impactful research embedded within their workplace, and encourage part-time scholarship arrangements to enable staff to remain in clinical roles while studying.

Allied Health Research Support

Allied health researchers often face challenges with juggling clinical work and research projects. Funding support that allows clinicians to maintain a clinical role while simultaneously conducting research is an important means to support ongoing research capacity building. However, there are few scholarship opportunities that allow part-time research, and yet allied health researchers often require this flexibility.

EXAMPLE OF SUCCESSFUL ALLIED HEALTH RESEARCH SUPPORT

In Western Sydney Local Health District, Westmead Hospital, have recently commenced career development grants from a Charitable Trust Foundation, which have been used to support allied health clinician-researchers. Examples of successful recipients include a physiotherapist, Dragana Ceprnja, studying pelvic girdle pain in pregnancy, who has had an opportunity to contribute to

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\(^1\) This is an arbitrary name and not the name of a real individual. The information presented here reflects the experience of several individuals known to the authors rather than a single person.
international guidelines on this topic (13); and a dietitian, Elizabeth Parker, who has been investigating different feeding programs among people with anorexia nervosa, to support improved health outcomes (14).

**ACTIONS TO SUPPORT ALLIED HEALTH RESEARCH**

- Increase funding for research scholarships to support allied health professionals in health services so that they can acquire research skills.
- Increase funding for research fellowships (particularly part-time) to support allied health researchers in health services so that they can continue their research after completing their higher degree.
- Increase project funding for clinical trials in allied health such as those directed at testing and enhancing interventions typically used by allied health.

**Allied Health Research Representation**

Allied health researchers have been poorly represented at a state and federal level. We commend the Commonwealth Government for the recent appointment of a commonwealth Chief Allied Health Officer with a background as an allied health professional. This ensures that allied health is visible to the Commonwealth government. The morale boost to allied health professionals around the country at this appointment has been significant. This appointment allows aspiring allied health professionals to see their interests represented at the highest levels of the public health system.

**EXAMPLE OF LACK OF ALLIED HEALTH REPRESENTATION**

Progress still needs to be made to ensure adequate allied health representation on funding bodies. The *National Health and Medical Research Council Act 1992* is a case in point. The act ensures that the commonwealth and state chief medical officers and persons with expertise in “the nursing profession” are members of the governing council. There is currently no mandate for allied health to be represented on the council. While council members have occasionally been from allied health backgrounds, we call for a revision to the act to ensure allied health representation alongside the health professions already represented.

Such representation helps normalise a culture of research across allied health, provides role models and aspiration for up-and-coming allied health professionals and increases the possibility that value from allied health research can be delivered to the community.

**ACTIONS TO IMPROVE ALLIED HEALTH RESEARCH REPRESENTATION**

- Lobby for changes to enabling documents for key research bodies to ensure allied health researchers and allied health research is included and prioritised.

**Allied Health National Research Priorities**

The lack of allied health representation at a federal, a state level, and on national funding bodies means that research priorities in allied health are often overlooked. We already know there are
knowledge gaps and strong opportunities to apply innovation in the following areas and thus we call for increased funding for research into:

- Primary Care
- Rehabilitation
- Chronic disease and disability
- Prevention & Early intervention in paediatric and adult populations.

There is also an urgent need for research that is focused on behaviour change to enhance functioning, participation, and wellbeing and on the application of known cost-effective solutions to improve care now.

**ACTIONS TO SUPPORT ALLIED HEALTH RESEARCH PRIORITIES**

- Identify and address gaps in knowledge to prioritise research that will have the greatest impact in delivering better patient care and improved patient outcomes.
The following examples show how allied health researchers embedded in practice have identified gaps in care and conducted definitive research that provided evidence-based solutions and improved patient outcomes.

How to optimise care for people living with motor neuron disease now

The gap: Can the knowledge we already have be used to optimise care in a cost-effective way? Answer: Non-invasive ventilation in motor neurone disease.

The evidence: In partnership with Motor Neurone Disease Research Australia, Prof David Berlowitz and team have shown that non-invasive ventilation lead by physiotherapists gives more than four times the benefit in survival compared to the best drug we have in MND (15).

Funding: Bethlehem Griffith Research Foundation, the Motor Neurone Disease Research Institute of Australia, and the Medical Research Future Fund.

The impact: Cost-effective care for motor neurone disease enhances patient outcomes and quality of life. Much research in this area is focused on finding a cure which is important but does not help those living with the disease today.

Active Arm: Upper limb constraint-induced therapy for people post stroke and traumatic brain injury

The Gap: How to overcome barriers to the use of evidence-based interventions on the ground in health services? While Constraint Induced Movement Therapy (CIMT) is an evidence-based intervention that has been shown in research to improve hand and arm movement after stroke, it is not widely used in clinical practice.

The Evidence: Lauren Christie and team of occupational therapists and physiotherapists in the ACTIveARM Project identified the barriers to implementation of CIMT and implemented strategies within the clinical setting to overcome those barriers. Consequently, they saw an increase in the use of the intervention with people following stroke and traumatic brain injury (16).


The impact: Using implementation science, researchers embedded in the clinical setting were able to work with clinicians to improve service delivery of an evidenced based intervention. Positive impacts were observed for patient and health economic outcomes.

Dietitian model of care for renal patients

The Gap: Does good nutrition improve the health of people with chronic kidney disease and delay the need for renal dialysis?

The Evidence: Research led by Stephanie Notaras and a multi-disciplinary team of dietitians and doctors in South Western Sydney Local Health District (SWSLHD) showed that dietetic intervention delayed the need for dialysis by an average of nearly five months with large improvements in quality of life and cost savings (17).
Funding: no external funding, conducted as part of PhD studies.

The Impact: Improving nutrition with a specialist dietitian intervention improves health outcomes, quality of life and saves money in chronic kidney disease.

Embedding Research in Pulmonary Rehabilitation for Indigenous Australian

The Gap: Pulmonary rehabilitation improves the lives of people with chronic lung disease and reduces unnecessary hospitalisations but does not reach Indigenous Australians who need it. Research Question: Is pulmonary rehabilitation provided by Aboriginal Community Controlled Health Services (ACCHS) effective and sustainable?

The Evidence: Indigenous Australians have 2.5 times greater incidence of chronic obstructive pulmonary disease, 3 times greater mortality and a 5 times higher rate of hospital admissions than non-Indigenous Australians. The Breathe Easy Walk Easy Lungs for Life project, led by Professor Jennifer Alison (physiotherapist), David Meharg (Aboriginal PhD student) and team are working with ACCHSs and Aboriginal Health Workers to evaluate the implementation of culturally safe pulmonary rehabilitation programs within ACCHSs.

Funding: NHMRC Global Alliance for Chronic Diseases grant

The Impact: If rehabilitation programs provided within ACCHSs are effective and sustainable then Indigenous Australians will have better access to the best care for their chronic lung diseases.

Physical Health in Chronic Psychosis

The gap: People with severe mental illness die 10-15 years earlier because of preventable heart disease and diabetes caused by unhealthy diet, sedentary behaviour, and side-effects of antipsychotic medication. The challenge is how to get effective healthy lifestyle interventions to this marginalised and vulnerable group in our community.

The evidence: A team of dietitians, exercise physiologists, and psychologists at the University of Canberra and Canberra Health Services aims to improve the physical health of young people (14-25 years) with psychosis. The team develops diet and exercise knowledge and skills in young people and their families when problems begin to assist them in maintaining better physical health over their lifetime.

Funding: No external funding, conducted as part of PhD studies for practicing dietician.

The Impact: Working with vulnerable young people to improve their health has lifelong benefits.

Team around the child: A model of intervention for children with complex care needs

The Gap: When children have lots of problems how can their care be coordinated? Children living with disability can have complex care needs that need coordination to ensure maximum benefits. Yet these children and their families can be the most vulnerable and least able to navigate our complex health system. The Team around the Child (TAC) family-centred model of care is one approach that was implemented in South Western Sydney.
The Evidence: Sarah Deeth (Occupational Therapist) and Kate O’Rourke (Speech Pathologist) showed that different sites in NSW indicated that 90% families were satisfied with the model; 73% of goals (set for a child and family and agreed to by the whole TAC team) were achieved; and 97% of clinicians reported that the TAC model was helpful and had positive impacts for children and their families (19). Compared to a more traditional siloed discipline approach to management, there was no overall increase in the amount of time that clinicians spent with families when using the TAC model.

Funding: Greater Eastern and Southern Child Health Network (GESCHN).

The Impact: Children with complex needs get the care they need to maximise their chance of a long healthy productive life.

Hayden2 was referred to the team of allied health professionals at Campbelltown Hospital in South Western Sydney Local Health District at age 6-months with concerns about his development. By 3-years, he was diagnosed with deletion of part of chromosome 13. His family needed to juggle multiple appointments with a paediatrician, neurologist, paediatric surgeon, gastroenterologist, physiotherapist, speech pathologist, occupational therapist, and a dietitian. He was also attending playgroup and preschool, and his parents were seeing a genetic counsellor.

For families like Hayden’s, the burden can be overwhelming. With the support of funding from Greater Eastern and Southern Children’s Healthcare Network (GESCHN), the Paediatric Allied Health Unit at Campbelltown Hospital trialled a new model of care to help ease the burden of care for families. They adopted the ‘Team around the Child’ (TAC) family-centred model of care.

Rehabilitation of single-sided deafness using a cochlear implant: benefits, implications, and outcomes.

The Gap: How to minimise the significant impact of single sided deafness (SSD)? Children with SSD can have delayed speech and language development, poorer academic performance, and psychosocial problems. In adults, SSD commonly leads to lack of spatial hearing, impaired speech intelligibility in the presence of background noise, and reduced speech understanding when speech is presented to the impaired ear.

The Evidence: Dr Dayse Távora-Vieira and the Audiology team at Fiona Stanley Hospital in Perth have shown how cochlear implant for SSD restores binaural hearing, significantly improving speech understanding in noise, ability to localise sound, and quality of life (20,21).

Funding: MED-EL provided the cochlear implants at no cost.

The Impact: Their research has paved the way for the approval of cochlear implant as the standard of care for SSD in Australia by the Therapeutic Goods Administration and by the Food and Drugs Administration in the USA.

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2 Names have been changed and the image is used with permission.
CONCLUSION

This statement identifies that considerable health benefits for Australians can be realised with an increased focus on allied health research. We propose the benefits are realised through developing the existing, diverse, and highly skilled allied health workforce. An increased focus on allied health research will have ongoing benefits for the allied health workforce and health system – developing allied health researchers increases the attraction and retention of highly skilled professionals who raise the bar on health care in Australia. Allied health researchers and professionals are well-placed to accelerate the translation of research into practice, change the way disability and chronic illness are managed and optimise wellbeing across the lifespan.

Better health care for the Australian community can be achieved through enhanced investment in allied health research career pathways and funding focused on allied health research. A comprehensive approach of tailored research capacity building strategies is needed.

AUTHORS

The authors of this statement are all senior allied health researchers in leadership roles that span health services, medical research institutes, and universities around Australia. Some Authors have leadership roles created to maximise the opportunities of translation and implementation research in explicit partnership between universities and health services. Others have built their roles more organically. We share three key features a) we are across universities and health services, b) we develop research capacity and/or knowledge translation, and c) our focus is across allied health in general (rather than within a specific discipline). These roles place us in a unique position to understand the barriers and enablers for innovation in health services. We came together in 2019 to work on shared interests. This statement is a joint production. The Authors can be contacted individually via their academic institutions.

Author contributions

Gail Whiteford proposed the idea to the group, she and Victoria Flood wrote the initial draft. Andrew Baillie edited and coordinated the document to its final form. Sarah Dennis did significant editing. David Berlowitz, Gavin Williams, Steve Kamper, Jenny Alson, Vinicius Cavalheri, Elise Baker, Nicholas Brown and Jim Elliott made roughly equal intellectual and editing contributions. Elizabeth Ward, Cathy Said, Michel Coppieters, Natasha Lannin, and Nadine Foster reviewed and approved of the drafts.

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