

### 2008 National SARRAH Conference: Many Paddocks: One Herd

#### KEY RECOMMENDATIONS as presented to and approved by conference delegates

Conference delegates in a facilitated discussion held in the final plenary session of the 2008 National SARRAH Conference agreed to the following broad areas of recommendations as key areas for strategic activity and advocacy during 2009. The Board of SARRAH utilizes the full set of recommendations from the Conference and the agreed broad area of key recommendations as agreed to by the conference delegates to plan the organisation's advocacy and activity platform for 2008-2010. Recommendations which target other key stakeholders in rural and remote allied health (including the jurisdictions, rural health peak bodies and professional associations) will be sent directly to the relevant bodies.

#### Advocacy and Policy

- That SARRAH advocate for the full participation of allied health in an integrated national health system that provides universal health care incorporating the principles of equity, effectiveness and efficiency where health service delivery ...
  - a) focuses on the needs of the consumer, delivering the right skill, by the right person, at the right time and in the right place;
  - b) based on a national health workforce competency framework;
  - c) creatively combines funding from a variety of sources to achieve best outcomes for consumers, including preventive primary care;
  - d) encourages evidence based practices including inter-professional and trans-disciplinary service delivery where appropriate;
  - e) recognizes the need for flexibility of solutions for differing geographic, demographic, cultural, etc locations;
  - f) strategically develops an overarching health reform process including health workforce competency frameworks, career pathways and development of new models of care; and
  - g) benchmarks communities health needs against appropriate workload measures

#### Workforce

- National collaboration across allied health professional organisations, allied health education sector and employing bodies for the development and implementation of the allied health career framework (travelator) from entry level through assistant to advanced practitioner linked to the competency framework – enhancing career pathways through all skill levels, creating multiple entry and exit points across the VET and higher education sectors and incorporation effective skill assessment and training approaches.
- Systematic implementation of a competency based approach to rural and remote allied health practice – ensure recognition of skills, implicit in/required for rural and remote

## Key Recommendations from the Delegates

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practice (at base and advanced levels). Advocate for recognition from and implications for:

- a) University training/VET sector;
- b) Orientation/induction to rural/remote practice;
- c) Ongoing professional education;
- d) Clinical/professional supervision and mentoring as integral component of new graduate/new to specialist area, including rural and remote practice;
- e) Appropriate leadership and management;
- f) Training in research and evaluation skills; and
- g) Relevant career structures.

### **Data, research and evaluation**

- Allied health workforce supply and demand. The collection of a nationally consistent data set for the allied health workforce, including the oral health professions. The data collection to include those professions providing direct patient care services that are registered, partially registered and non-registered. That the development of national workload measures for allied health and oral health workloads take into account issues relating to the delivery of services in rural and remote communities (e.g. travel for outreach services, delivery of health services to Indigenous communities).
  - a) That the Australian Government and state/territory governments fund the joint ARHEN/SARRAH proposal to develop a national profile of the rural allied health workforce that is to be submitted to the National Health Workforce Principals Committee.
- SARRAH to look for funding to produce a nationally recognized evaluation framework for remote area allied health service. The project to produce a suite of tools with specific KPI's and key markers of health change over time.

### **Models of service delivery**

- Greater collaboration between jurisdictions (commonwealth and states/territories) to enable national sharing and rollout of programs – models of service delivery, workforce support, education and training, clinical supervision/mentoring, management and leadership, recruitment and retention – where such programs have been evaluated as being successful.

### **Education and training**

- That SARRAH advocate for /promote/develop/provide education and training commencing at the entry level stage in areas relating to:
  - a) Leadership and Management;
  - b) Evaluation and Research;
  - c) Clinical Supervision and Mentoring;
  - d) Multidisciplinary team practice;

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- e) Presentation skills – conference, media etc;
- f) Chronic Disease Management; and
- g) Suicide, domestic violence.

### **Management and Leadership**

- That allied health management and leadership is a integral component of national and state/territory health policy and health service provision:
  - a) Management and leadership training provided to allied health professionals commencing at entry level and continuing post graduation; and
  - b) Allied health leadership positions within governance structures for health from local to national level.

### **Indigenous Health**

- For SARRAH to continue to advocate for programs and strategies that contribute to Closing the Gap between health outcomes for Aboriginal and Torres Strait Islander peoples. E.g. allied health needs for remote and rural populations especially with increased burden of disease (e.g. chronic disease, diabetes, disability) and increase allied health focus on public and prevention
- For SARRAH to partner with the NT Department of Health and ARHEN to submit to the NHWT rural and remote demonstration projects aimed at building local capacity – e.g. build AH competencies in AHW, development of materials and resources that can be used to continue to grow competency of local workers

### **Oral Health**

- That oral health services, including dental hygiene, dental therapy and dental, be included as a core component of the national primary health care strategy.

### **Allied health assistants**

- That SARRAH actively participate in the national dialogue around allied health therapy assistants, including the development and dissemination of a position paper which covers:
  - a) Scope of practice, including discipline specific and generic models;
  - b) Training and competencies for AHA's with strong input from allied health professionals;
  - c) Remuneration and career structures;
  - d) A framework for the supervision of AHA's, as well as addressing training for supervising AHP's; and
  - e) Risks and opportunities, recognizing that the goal is to enhance capacity to provide health care as close as possible to the client's home and/or community.