



# SARRAH

Services for Australian Rural and Remote Allied Health

## **ALLIED HEALTH IS LEADING JOBS GROWTH AND DEMAND, BUT WHERE'S THE FOCUS AND WHERE'S THE PLAN?**

Services for Australian Rural and Remote Allied Health (SARRAH), the peak body for allied health professionals working in rural and remote Australia, calls on all Federal politicians and aspirants to stop ignoring health and service jobs. People need these services, and the workforce is in critical shortage in regional, rural and remote Australia.

Gemma Tuxworth, SARRAH's acting CEO, explains: "Skilled allied health professionals - the second largest group of health professionals nationally – lead jobs demand yet they are all but ignored by policy makers. This is unfathomable given existing shortages and the findings of the Aged Care and Disability Royal Commissions that identified this workforce is critical to achieve better outcomes for vulnerable Australians."

The Health and Social Assistance sector, which includes doctors, nurses, allied health professionals, personal care workers and others, has been by far the largest sector of employment growth for two decades. More importantly, the Government's own projections show it will continue to be the greatest generator of jobs, and demand, in the future: with over 300,000 extra workers needed over the next five years, with allied health leading demand.

The allied health workforce includes professionals like physiotherapists, occupational therapists, speech pathologists, dietitians, psychologists and many more. They are trained to help people stay well, regain strength and capacity in physical, sensory, psychological, cognitive, social and cultural functioning. They provide expert care to every age group and across the health, aged care, education and disability service sectors.

Allied health shortages in rural and remote Australia are twice as severe as for GPs. Even when people live near large regional centres, they can wait 12 months or more to get services they need now. This puts a harsh spotlight on claims Australia has a "universal" health system. "Is it universal if the service isn't available where you live, you don't have the resources to travel distances or meet the expense, and the service isn't designed to meet your actual needs, culture or circumstances?" asks Gemma.

SARRAH is calling on all politicians who say they want to represent and lead the country to lead in this critical area. We need commitment to substantive, long-term reform and leaders who understand and are prepared to act and make real investments in our future.

Any politician interested in health already knows people in rural and remote Australia face:

- higher levels of chronic disease

**Services for Australian Rural and Remote Allied Health**

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- are more likely to be hospitalised for conditions that could have been prevented if they could get the right care when they needed it
- shorter average life spans than their counterparts in metropolitan areas
- greater rates of disability and
- poorer access to health services they need – because the workforce is not there, they are too far away or the costs and wait times are too great.

But without the workforce to provide services to people in rural and remote Australia they will continue to suffer. General or small-scale announcements are not enough. We need specific, targeted strategies now to help meet demand and to grow a fit-for-purpose rural allied health workforce long-term.

Gemma says “Regional Australia is growing. Promoting growth in regional communities without a plan to grow rural health, training and social services risks worsening the gap in health outcomes, equity, and access for the almost 9 million Australians who live outside our big cities.” “Investing in allied health makes good economic sense. The World Health Organization estimates the returns on investment in health to be in the order of 9 to 1. One extra year of life expectancy has been shown to raise GDP per capita by about 4%”.

SARRAH and others have shown there are economic benefits from investing in the allied health workforce. It helps save money across the system. Our politicians might think about health investment as a driver of our economic recovery:

- It returns dividends in increased productivity of the entire workforce through higher participation rates and reduced lost work hours
- Better health and education outcomes for our children
- Working with Aboriginal and Torres Strait Islander communities, a better chance of closing the gap in health, education and jobs
- People with disability having greater capacity to participate in the social and economic aspects of life
- Better quality of life for older Australians living safely in the community for longer

All of this, and a 9-fold return on investment? It just makes sense. Surely an important question for anyone who wants to represent their community and improve our country is “Can people access the health care they need, including allied health care, where and when they need it?”

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SARRAH is the peak body representing rural and remote allied health professionals (AHPs) working in public, private and/or community settings SARRAH advocates on behalf of rural and remote Australian communities. SARRAH maintains that every Australian should have access to health services wherever they live, and the allied health services are fundamental to the well-being of all Australians. <https://www.sarra.org.au/>

## BACKGROUND INFORMATION – SARRAH MEDIA RELEASE, 20 APRIL 2022

Data has been drawn from the [National Skills Commission’s Employment Projections](#) material, updated in March 2022 and access 13 April 2022.

**Health and Social Assistance** is by far the leading sector of jobs growth across the economy. It has been the dominant sector for jobs growth over the past 2 decades and is projected by the National Skills Commission to continue to be lead jobs growth through until November 2026 at least.

The following table provides a summary snapshot, comparing the size and proportion of jobs growth projected for several key sectors.

Sector	Projected increase in jobs for the 5 years to Nov 26	% Increase of existing workforce
Health and Social Assistance	<b>301,000</b>	<b>15.8%</b>
Accommodation and Food Services	112,400	13.2%
Construction	66,400	5.8%
Mining	15,900	5.9%
Manufacturing	23,100	5.9%
Financial and Insurance Services	33,200	6.3%

Refer - <https://labourmarketinsights.gov.au/industries/industry-details?industryCode=Q>

SARRAH estimates that around 100,000 or more of the 301,000 are needed in regional, rural and remote Australia, noting:

- Massive current shortages
- Population shifts to those communities
- Unidentified demand.

At a more detailed level, the following table shows that even within the Health and Social Assistance sector allied health professions (bolded) lead demand. A small number of other sector professional groups are included for comparative purposes.

### Projected Employment Growth for the five years to November 2026: National Skills Commission: selected

<b>Audiologists and Speech Pathologists</b>	<b>34.7%</b>
<b>Podiatrists</b>	<b>31.8%</b>
<b>Physiotherapists</b>	<b>28.7%</b>
<b>Dental Practitioners</b>	<b>27.8%</b>
<b>Social Workers</b>	<b>23.2%</b>
Early Childhood Teachers	21.6%
<b>Optometrists and Orthoptists</b>	<b>15.1%</b>
Drillers, Miners and Shot Firers	14.9%
<b>Medical Imaging Professionals</b>	<b>14.7%</b>
<a href="#">Registered Nurses</a>	<a href="#">13.9%</a>
<b>Psychologists and Psychotherapists</b>	<b>13.3%</b>
<a href="#">General Practitioners and RMOs</a>	<a href="#">10.2%</a>
Accountants	9.2%
<b>TOTAL PROJECTED EMPLOYMENT GROWTH - AUSTRALIA</b>	<b>9.1%</b>
<b>Pharmacists</b>	<b>9%</b>
<b>Ambulance Officers and Paramedics</b>	<b>8.4%</b>
<b>Occupational Therapists</b>	<b>7.4%</b>
<b>Nutrition Professionals</b>	<b>7.2%</b>
Industrial, Mechanical and Production Engineers	5.5%