



# SARRAH

Services for Australian Rural and Remote Allied Health

17 November 2020

Select Committee on Regional Australia  
Department of the House of Representatives  
PO Box 6021  
Parliament House  
GPO Box 9820  
CANBERRA ACT 2600

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Attention: Jason Sherd, Committee Secretary

## **Submission to the House of Representatives Select Committee on Regional Australia Inquiry into Regional Australia**

Services for Australian Rural and Remote Allied Health (SARRAH) would like to thank the Chair and Members of the Select Committee on Regional Australia for allowing us to provide this late submission to the Inquiry. We appreciate your consideration.

### About SARRAH

By way of background, SARRAH is the peak body representing rural and remote allied health professionals (AHPs) working across the public, community and private sectors, across health, disability, aged care and other settings. SARRAH advocates on behalf of rural and remote communities in order to promote access to allied health services that support equitable and sustainable health and well-being<sup>1</sup>. We are a small national organisation, with a broad remit and membership that is able to bring significant expertise in deliberations on how to improve services and the health and wellbeing outcomes achieved by people living in rural and remote Australia in particular.

AHPs are tertiary qualified health professionals who apply their clinical skills to diagnose, assess, treat, manage and prevent illness and injury and support people to maintain and/or regain their capacity and independence. SARRAH and our members have a strong commitment to ensuring people with disability who live in rural and remote Australia have the opportunity to access the services they want and need.

SARRAH is also a member of the Australian Allied Health Leadership Forum (AAHLF).

AAHLF brings together the key national organisations representing allied health nationally, and includes:

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<sup>1</sup> SARRAH describes its role primarily in relation to rural and remote Australia, but also recognises the dynamic nature of regional (non-metropolitan) Australia, as areas of specific need and as crucial service and network centres in enabling access to services and support to more remote communities.

- Professional associations through Allied Health Professions Australia (AHPA)
- Public allied health workforce and service through the National Allied Health Advisors and Chief Officers committee (NAHAC)
- The Aboriginal and Torres Strait Islander allied health sector through Indigenous Allied Health Australia (IAHA)
- Education and the university allied health sector through the Australian Council of Deans of Health Sciences (ACDHS) and
- Rural and remote allied health professionals and services through Services for Australian Rural and Remote Allied Health (SARRAH).

AAHLF was formed partly to ensure allied health specific expertise and knowledge is better represented in major national policy, service and reform agendas impacting peoples' health and wellbeing.

Our comments on specific aspects of the Inquiry are provided in the **attachment** to this letter. However, there are several major contextual issues which frame circumstances, opportunities and constraints around the development and implementation of integrated strategies to strengthen and sustain rural communities.

#### Allied health access and service shortages

Unfortunately, there is a chronic shortage of AHPs and the service supports needed to enable and sustain their practice in many rural and remote communities. This has major impacts on peoples' opportunity and capacity to access allied health services on an equitable or needs basis. It is a long-standing issue.

The matter was recently investigated in depth by the previous National Rural Health Commissioner (NRHC) who, following an extensive consultation and development process provided a report to the Minister for Regional Health, Regional Communications and Local Government, the Hon Mark Coulton MP, on the *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*.<sup>2</sup> The Commissioner's report was presented to Government in June 2020 and we are awaiting a substantive response to the report in the 2021-22 Federal Budget, if not before. Many of the issues relating to inadequate access to allied health services and support have also been highlighted in the findings of the Aged Care Royal Commission and in aspects of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

The **shortage of AHPs working in rural and remote Australia is** more severe than for either the general practice or hospital medical workforces or for nursing. It means many people, especially those without substantial personal means are unable to access allied health services that would enhance their health and well-being. In some cases, the inability to access certain allied health services can lead to the development of conditions (and/or the worsening of conditions) that could have been prevented and/or ameliorated if people had access to health services on a more equitable basis. People with disability and/or the older Australians, for example, who are also more likely to face financial and other access constraints can be especially disadvantaged, with inadequate service access impacting individuals' opportunities to retain capacity and independence or pursue and achieve personal, participation and economic goals. Aboriginal and Torres Strait Islander Australians are often especially disadvantaged in this respect, notwithstanding the positive impact of Aboriginal and Torres Strait Islander community controlled health services. While the NDIS has improved the situation for many people, for large numbers of people living in rural and remote Australia, structural impediments to access remain.

We have, in particular, noted the transcript of the Committee hearing of Thursday, 5 November 2020 and the evidence provided by Dr Gabrielle O'Kane, CEO of the National

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<sup>2</sup> See <https://www1.health.gov.au/internet/main/publishing.nsf/Content/National-Rural-Health-Commissioner-publications> (June 2020)

Rural Health Alliance. We were glad the Committee was able to speak with Dr O’Kane, albeit at very short notice. We were impressed with the Committee Members’ interest in the breadth of issues involved in delivering better, more equitable access and equity to health and social support services in rural and remote communities. They are complex and challenging, however there are also positive developments that deserve greater attention and support to address these challenges. We offer this submission to add to and complement the information provided by Dr O’Kane on 5 November.

If the Committee is interested in clarifying or further exploring any of the issues raised in the submission or related matter, SARRAH would be very happy to assist. I can be contacted at [catherine@sarrah.org.au](mailto:catherine@sarrah.org.au) or by mobile on 0491 209 291.

I hope this information is of assistance in your important work.

Yours faithfully,

A handwritten signature in cursive script, appearing to read 'C Maloney', written in grey ink.

Catherine Maloney  
CEO, SARRAH

## ATTACHMENT

### **Services for Australian Rural and Remote Allied Health (SARRAH): Submission to the House of Representatives Select Committee on Regional Australia Inquiry into Regional Australia**

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SARRAH exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH also supports Allied Health Professionals who live and work in rural and remote areas of Australia to confidently and competently carry out their professional duties in providing a variety of health services to people who reside in the bush.

SARRAH is a national, multidisciplinary member association and has been operating for 25 years. SARRAH is the only peak body to be fully focused on rural and remote allied health working across all disciplines. (More information is available at <http://www.sarrah.org.au/>).

We note the breadth of the **Terms of Reference for this Inquiry**. Allied health professionals provide vital health and enabling services for people across the lifespan and in multiple service systems. As such allied health services and a rurally based workforce contribute to the underlying strength, fabric and capacity of communities and play a role in respect of each of the Terms of Reference. However, allied health professionals and services contribute most obviously in respect of:

- a. Examining the effectiveness of existing regional service delivery and development programs; and
- k. Identifying the infrastructure requirements for reliable and affordable health, education, etc...for new settlements.

SARRAH has recently addressed these issues in detail in several recent Submissions to Australian Parliamentary Inquiries, including:

- **Senate Select Committee on the effectiveness of the Australian Government's Northern Australia agenda:** Submission Number 66  
[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/NorthernAustraliaAgenda/NorthernAustraliaAgenda/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/NorthernAustraliaAgenda/NorthernAustraliaAgenda/Submissions) and
- **Senate Select Committee into the Jobs for the Future in Regional Areas:** Submission number 148.  
[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Jobs\\_for\\_the\\_Future\\_in\\_Regional\\_Areas/JobsRegionalAreas/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Jobs_for_the_Future_in_Regional_Areas/JobsRegionalAreas/Submissions)

A Summary of the Key Points of the second submission is provided at [Appendix A](#).

SARRAH has also provided Submissions to numerous other inquiries regarding approaches to improve availability, access and equity for people in rural and remote Australia to vital allied health services. We would happily provide copies of these if requested.

#### **SARRAH comments on specific issues:**

**National Rural Health Commissioner's (NRHC) Report:** SARRAH strongly recommends the Committee consider the June 2020 Report by then NRHC, Professor Paul Worley, *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*<sup>3</sup>.

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[https://www1.health.gov.au/internet/main/publishing.nsf/Content/2922D6D8BBCE122FCA2581D30076D09A/\\$File/National%20Rural%20Health%20Commissioner's%20Allied%20Health%20Report%20to%20the%20Minister%20June%202020.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/2922D6D8BBCE122FCA2581D30076D09A/$File/National%20Rural%20Health%20Commissioner's%20Allied%20Health%20Report%20to%20the%20Minister%20June%202020.pdf)

The Report is a deep and well informed exploration of the circumstances and challenges of enabling access to allied health services in regional, rural and remote Australia. A report of this kind has been long overdue and focused on a critical component of Australia's health and welfare system, which remains under-utilised and under-supported in enabling access for people living in rural and remote Australia, especially: not least because of program gaps and fragmented policy and service systems.

The report includes a suite of integrated, well-considered and sustainable measures to build rural and remote allied health service access and capacity.

As yet, the Government has made no specific response to the Report.

### **Allied Health Rural Generalist Pathway and AHRGWES**

Among the recommendations put by the NRHC, is the expansion of the Allied Health Rural Generalist Pathway (AHRGP), citing the success of this approach to date in the public system, but also the very promising early indications of the expansion of the model into the private and community sectors as demonstrated by the Allied Health Rural Generalist Workforce and Education Scheme (ARGHWES), which is currently being promoted by and administered through SARRAH.

*On November 21, 2019 the Hon Mark Coulton, MP, Minister for Regional Health, Regional Communications and Local Government, announced forty new scholarships for Allied Health Rural Generalists working in private practice and non-government organisations. Importantly the Allied Health Rural Generalist Workforce and Education Scheme (the Scheme) provides funds for backfilling as well as travel and accommodation. The majority of these rural generalist training positions are now underway in non-government settings in New South Wales, Queensland, Tasmania and the Northern Territory through the Scheme. All regions could benefit from this Program. The Commissioner strongly supports this new initiative be continued and integrated into the Service and Learning Consortia. The Commissioner recommends that there is a formal articulation and linkage between UDRHs, Regional Universities, and the Scheme, and that this is formalised through key performance indicators in both the RHMT Program and the new Scheme.*

Excerpt from the NRHC Report, *Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia* (page 24)

Considering the questions raised by Committee Members during the 5 November hearing, SARRAH believes information about AHRGWES may be of particular interest. ARGHWES has been specifically designed to enable the distribution of allied health professionals and service capacity into rural communities on a sustainable basis, and to build the in-place workforce and service capacity which will enable other vital components, such as student and clinical training and placement potential and better service integration.

By September 2020, despite the impact of COVID19, ARGHWES was fully subscribed, months ahead of schedule and with a growing waiting list of rural allied health practices seeking to engage staff and allied health graduates wanting to take part. Without additional places, SARRAH is not able to assist rural practices to employ or graduates to secure additional rural positions. SARRAH had submitted a proposal to expand the program well ahead of the 2020-21 Budget, but without success. SARRAH would be happy to brief the Committee further on ARGHWES or related issues.

### **SARRAH Allied Health Forum Roundtable and report**

Many of the issues raised by Committee Members in questions on 5 November 2020 were discussed during the SARRAH Forum, held in Canberra on Friday 28 February 2020, which was referred to in

comments made by Dr O’Kane. SARRAH organised the Forum to provide an opportunity for allied health practitioners to inform decision-makers about how access to effective and sustainable allied health services might be improved in rural and remote Australia. The SARRAH Summit 2020 brought together a broad cross-section of government agencies from Health, Disability and Social Services, Primary Health Networks, Rural Workforce Agencies and the education sector to hear rural allied health professionals speak about the challenges of providing services in rural Australia.

Both Minister for Rural Health, the Hon Mark Coulton MP and then National Rural Health Commissioner, Professor Paul Worley, presented and were active participants in the Forum. The report of the Forum can be found at:

[https://sarra.org.au/sites/default/files/docs/summit\\_2020\\_report\\_mar2020\\_final.pdf](https://sarra.org.au/sites/default/files/docs/summit_2020_report_mar2020_final.pdf)

### ***2019-20 Budget – lack of health workforce focus***

As noted above the 2020-21 Commonwealth budget did not include measures designed to address the chronic shortfall in allied health workforce or service capacity in regional, rural and remote Australia. This was surprising given the priorities identified in the Budget; such as jobs growth, strengthening regions, responding to COVID and building the resilience of our systems and communities to future health challenges.

The Health and Social Assistance sector is projected by the Commonwealth<sup>4</sup> to again be the leading sector for jobs growth over the next five years. This continues an established trend, with a predicted growth in *demand* for *new* jobs in the sector of over 250,000 over the next five years. Within this sector, the jobs predicted to grow most in percentage terms are allied health professions. A large portion of that demand will be in regional, rural and remote Australia – much of which already faces severe shortages.

There is already demand for these services. It will continue to increase. The impact of continuing system fragmentation and lack of investment in rural allied health positions and pathways will be sub-standard access and inequitable outcomes for people in rural and remote Australia, whether through the health, aged care, disability, education or other systems people often require.

Having these in place will help to attract and retain people, business, employers, and other services into regional and rural Australia.

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<sup>4</sup> <https://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections>

EXTRACT FROM SARRAH SUBMISSION TO SENATE SELECT COMMITTEE INTO THE JOBS FOR THE FUTURE IN REGIONAL AREAS: Submission Number 148. (SEPTEMBER 2019)

### SUMMARY OF KEY POINTS

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Allied health professionals (AHPs) provide a wide range of services and supports across all stages of the lifecycle and in every health and associated service setting, including disability services, aged care and schools.

The health and social assistance sector is projected by the Commonwealth Government to be the greatest source of employment growth and demand for the next five years – with an additional 250,000 jobs – continuing the trend of the past decade.

Allied health professionals are among the professions with the highest rates of growing demand – for example: Physiotherapists - 24.9%; Audiologists and Speech Pathologists /Therapists - 38.3%; and Nutrition professionals - 17.6%.

There are already acute shortages of allied health professionals in rural and remote Australia – far worse comparatively than for nurses and medical practitioners. There is a serious risk that this situation could worsen in rural Australia as overall demand increases nationally. AHPs practices and employment in rural communities contributes economically, especially where the service is based in the community and not provided on a visiting, sporadic or similar basis.

In addition to delivering skills and employment for people living in rural areas directly, AHPs provide services that support economic participation, recovery and participation across the population and impacting the productivity of every industry sector. AHP services and therapies:

- Contribute to reducing prevalence and impact of disease, including chronic disease which costs the national economy \$billions per year in direct health costs, absenteeism and lost productivity;
- Aids in rehabilitation and recovery, increasing the capacity for individuals to maintain self-reliance, be less dependent on public outlays on publicly funded services (including income support) and contribute revenue;
- Could potentially further reduce the high rate of avoidable hospitalisations and strain on available local services, that can be particularly high in rural and remote Australia – and correlating broadly with areas where allied health service access is relatively poor.
- If and where available, improve the community outcomes and cost-effectiveness of national health and other priorities and strategies including in primary health care, the NDIS and aged care – which are much needed in rural communities.

As noted above high and growing demand and workforce and skills shortages, coupled with opportunities to better utilise education and service structures to support rural allied health education and career pathways, presents a coherent opportunity to increase the capacity and resilience of rural communities. This capacity would underpin, support and complement development in any other rural industry and investment.

Developing the allied and related health and support workforce – with career and role-models, clinical and work experience and pathways options in rural communities - should be an employment priority. The demand for these services, the illness and disease rates of rural Australians, the costs of service and the negative impacts for productivity will not reduce if there is not a rural workforce to provide them.

[https://www.aph.gov.au/parliamentary\\_business/committees/senate/jobs\\_for\\_the\\_future\\_in\\_regional\\_areas/jobsregionalareas/submissions](https://www.aph.gov.au/parliamentary_business/committees/senate/jobs_for_the_future_in_regional_areas/jobsregionalareas/submissions)

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