



SARRAH

Services for Australian Rural and Remote Allied Health

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Attention: Amanda

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Our Healthcare Future: Advancing Tasmanian's Health:
Services for Australian Rural and Remote Allied Health (SARRAH) submission

Thank you for the opportunity to provide input to the consultation on ***Our Healthcare Future: Advancing Tasmanian's Health***. We appreciate the current consultation is part of an extensive, health systems development and reform process. We appreciate the opportunity to contribute to this work and would welcome the opportunity to collaborate in helping to improve the access, quality and sustainability of health care and related services for Tasmanians.

Services for Australian Rural and Remote Allied Health (SARRAH) is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 by a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians. More information on SARRAH can be found on our [website](#).

We are a small, national not-for-profit organisation, with Tasmanian membership and established relationships with a number of service providers based in Tasmania. A senior SARRAH staff member is based in northern Tasmania and as CEO, I have taken the opportunity on several occasions recently to visit Tasmania and participate in discussions and events designed to increase the allied health workforce and service capacity.

We would like to take the opportunity provided by the consultation to signal our strong interest in working with the Tasmanian Government and stakeholders to promote our shared objectives. Considering the priorities and approach articulated by Premier Rockliff and through the broader *Advancing Tasmanian's Health* agenda, SARRAH believes the approach and longer-term timeframe envisaged for the reform process is sensible and

consistent with the objective of investing in and building capacity to underpin an integrated and sustainable health service. As Premier Rockliff notes in the Foreword to *Our Healthcare Future: Advancing Tasmania's Health*:

We can continue to improve and build resilience for the years to come by strengthening preventive and primary care and preparing our health services to adapt to upcoming challenges.

SARRAH commends Tasmania's efforts to drive more effective and integrated health services across the public, private and community-based health systems, and for prioritising community access, notwithstanding the formal differentiation of health service responsibilities between governments nationally. We also commend the Tasmanian Government for advocating to have these issues reviewed as a priority through National Cabinet, with the prospect of much needed system reform.

SARRAH also recognises that the *Advancing Tasmania's Health* agenda involves numerous elements, and that other, related processes are underway, including the Tasmanian Legislative Council's *Rural Health Services Inquiry*, into health outcomes and access to community health and hospital services for Tasmanians living in rural and remote Tasmania.

The major benefits of allied health and the challenges Tasmanians face in accessing these services are well understood and reflected in [Health Workforce 2040: Allied Health](#), which states (page 1):

Allied health interventions can often lessen or remove the need for other more invasive and costly treatments.

Allied health professionals are key to an agile and cost-effective workforce that can meet the needs of an ageing community with higher rates of chronic illness and disability.

However, as the report also notes (page 5)

- *There were 3,351 employed allied health professionals in the registered professions in Tasmania in 2019, providing a density of allied health professionals to population of 627 per 100,000 population (Figure 2). **This is lower than Australia as a whole and all other jurisdictions except the Northern Territory**; and on page 19:*
- *Training pathways into allied health professions in Tasmania are limited. This has a significant impact on the workforce and its capacity to meet the health needs of the community.*

Addressing these issues of workforce maldistribution and local workforce capability building are precisely what SARRAH aims to address. For instance, we are currently implementing:

- the [Allied Health Rural Generalist Education and Training](#) (TAHRGET) program, which aims to expand implementation of the Allied Health Rural Generalist (AHRG) pathway into rural and remote private and non-government sector organisations across Australia; and the
- [Building the rural and remote Allied Health Assistant Workforce](#) (BRAHAW) project, the of which is to assist rural and remote AHPs working in private and non-government organisations to build their allied health assistant workforce, roles and models of service delivery promoting viability and reach of their practices.

These initiatives are identified in [Health Workforce 2040: Allied Health](#) as examples of innovative workforce models (on page 25):

The concept of a national Allied Health Rural Generalist (AHRG) Pathway has been progressing since 2013, involving both state and commonwealth governments. There

is increasing recognition that health professionals working in rural and remote regions require a broad range of skills that reflect the needs of the community they are caring for. The development of the AHRG is intended to address this – to prepare health practitioners with expanded practice skills to better meet the needs of rural communities.

In the 2021-22 federal budget, \$9.6 million has been announced to expand the AHRG pathway to attract and retain allied health professionals in rural and remote communities through an additional 90 workplace training packages, this includes up to 30 packages for Aboriginal Community Controlled Health Organisations as well as incentives for practices to employ and train up to 30 rural allied health assistant trainees.

SARRAH has good working relationships with several other state jurisdictions, including:

- NSW – where we are being consulted in developing the upcoming NSW Regional Health Plan and have separately prepared a report, [Strategies for increasing allied health recruitment and retention in rural Australia](#);
- Queensland, where we have strong established relationships with officials, not least in the continuing development of the Allied Health Rural Generalist pathway, which was originally developed by Qld Health; and
- As a trusted external stakeholder on the advisory group in developing the [SA Rural Allied and Scientific Health Workforce Plan 2021–26](#).

SARRAH also understands the Government is working closely with the University of Tasmania and others to strengthen Tasmania's to develop the allied health workforce. We strongly support this approach, as the lack of allied health university options and VET training opportunities in Tasmania has contributed to shortages in these workforces locally, with people moving inter-state to study without commensurate numbers returning to practice in Tasmania: as is also the case in much of rural and remote Australia. Strengthening the local education and training capacity, together with fit-for-purpose graduate career development options, like the AHRG are crucial to building and retaining a strong health workforce. These issues are described in detail in *Health Workforce 2040: Allied Health*, which also notes similar implications for workforce distribution within Tasmania, including in the Northwest region where the workforce shortages and challenge is most severe.

With regard to regional workforce shortages, we believe there is opportunity to build on other initiatives the Tasmanian Government has instigated, such as the establishment earlier this year of a medical workforce pipeline, through the medical rural generalist pathway at the Mersey Hospital. SARRAH strongly supports the need to increase rural generalist medical practitioners, in public and primary health care service settings and believes more needs to be done nationally to facilitate an increase in the number of doctors choosing general practice and to practice rurally. The Medical Rural Generalist Pathway is crucial to these efforts.

Similarly, and noting that nationally the maldistribution of allied health professionals is far more severe in rural and remote areas than it is for general practitioners, mechanisms that enable local development and retention of this workforce is a vital complement to medical workforce efforts.

The importance of such investments was alluded to by Doctor John Saul, Tasmanian President of the AMA (then Vice President) when he gave evidence to the Australian Parliament's Senate Community Affairs Committee Inquiry into [provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians](#) on 17 March 2022, to the, stating:

“Allied health is a real problem. It's strong in some areas and weak in others. We do very well through state government funding of a great physio at Nubeena down on the Tasman Peninsula, but we can't get a podiatrist down into the area. We're struggling to achieve simple services for diabetics like podiatry at the moment. It's this inconsistency that's making us laterally think.” (page 25 of the [Hansard record](#))

Doctor Saul's evidence, re-iterated concerns raised by other senior medical representatives before the Committee, such as:

- Dr John Hall, past President of the Rural Doctors' Association of Australia who said *“it's not just about doctors. It's about access to doctors, nurses, and allied health professionals as well—the whole multi-disciplinary team and significant access to care”*; and
- The National Rural Health Commissioner, Ruth Stewart, an experienced GP obstetrician, who said, *“Doctors do their best work when they're part of a multidisciplinary team that's comprised of nurses and allied health practitioners. .. If we, as doctors, work in a strong team, you don't need as many of us for a start because we're not doing stuff that other people can do better than we can, and we're providing much better care for our patients.”*

From discussions with several service provider and other stakeholders in Tasmania, we believe there is genuine scope to leverage existing initiatives and capacity (including the ARGHWES and BRAHAW projects managed by SARRAH), health service and training hubs and other mechanisms to attract, develop and retain other highly skilled health professionals who are needed in Tasmania: notably allied health professionals.

SARRAH believes there is substantial scope to further explore the possibility of cross-sector workforce development and support models, that align with the direction of proposed national health reforms and would welcome the opportunity to work with the Tasmanian Government and other local stakeholders to contribute to those developments.

Again, SARRAH would welcome the opportunity to work with the Tasmanian Government with a view to progressing our shared objectives in Tasmania, to assist in developing this workforce and service capacity and provide such supports as we are able to.

Please do not hesitate to contact me to follow up on or to discuss any of the issues raised in this submission at catherine@sarrah.org.au, or our Director, Policy and Strategy, Allan Groth at allan@sarrah.org.au.

Yours sincerely,



Cath Maloney
Chief Executive Officer