Recommendations

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Leadership
Theme - Recognition and optimisation of allied health leaders and leadership skills.

The Conference recommends that:

1. Strengthen the collaboration between key allied health partners including, National Allied Health Advisory Committee (NAHAC), SARRAH, Indigenous Allied Health Australia (IAHA), Allied Health Professions Australia (AHPA) and Australian General Practice Network (AGPN). For example key issues may include facilitate a strategic planning session.
2. Advocate for leadership training and mentoring to be made available to all Allied Health Professionals regardless of grade.
3. Advocate for leadership training to be included in all allied health undergraduate and entry level courses.

Health reform and the role of Allied Health Professionals
Theme - Get active, participate and don’t just let it happen – be a part of it.

The Conference recommends that SARRAH:

1. Advocate for all health professionals to be registered as in the United Kingdom.
2. Seek input to influence programs and increase the inclusion of Allied Health Professional services under the Medical Benefits Scheme, GP Super Clinics and MSOAP.
3. Advocate for greater flexibility and create new areas to be considered for inclusion in primary health care hub and spoke service delivery and support models.

Primary Health Care and Medicare Locals
The Conference recommends that:

4. Government jurisdictions and private practitioners who employ Allied Health Professionals become a member of their Medicare Local.
5. Services should be based on evidence for example workforce data and community health needs studies should be used to guide how many different primary health care professionals are required to service the needs of the local community.
6. SARRAH and AHPA advocate for change in the name of Medicare Locals which is reflective of private, fee for service system to that which reflects the service mix of public, community and private based care that will be delivered in a reformed primary health care strategy.

Governance of health services particularly Medicare Locals
Theme - Cultural change is required within the current Division of General Practice Network and individual organisations to successfully implement primary health care organisations (Medicare Locals) and break down current silos including both professional and program/funding structures. Allied Health Professionals must be involved at all levels of governance both at a clinical and corporate level. Skills based Boards should be appointed, supported by education and training programs that will assist in developing skill sets on sound governance practices.
The Conference recommends that:

7. NAHAC, SARRAH and AHPA:
   a. Provide information to Allied Health Professionals about Company Directors Courses.
   b. Investigate the possibility of group study Company Directors Courses.
   c. Advocate to the Department of Health and Ageing (DoHA) for scholarships to undertake Company Directors Course training, with a target of 100 people to complete the course within 2 years.
   d. Create and maintain a register of Company Directors Course graduates.

E-health
The Conference recommends that:

8. Electronic clinical records (patient) are made accessible to all health professionals caring for the patient.
9. Mail/email based treatment should be an option for any health care professional working in a rural setting. Use of emails to support the delivery of treatment rather than face to face or using the postal system should be encouraged. Further research including a feasibility study is required using a control group.

Workforce/service delivery data (research)
Theme - Allied health workforce and service delivery research is limited, especially in small remote regions and does not reflect service delivery to rural and remote areas across all Australia.

Workforce data collection must be consistent, national, and regular including both registered and self-regulating Allied Health Professionals comparing supply with demand.

The Conference recommends that:

1. Current data needs to be published and used to establish benchmarks for future projections and work for strategies. Data needs to be interpretive, for example be able to determine why people are leaving or staying, cross sectional including both rural and urban, across public and private practice.
2. Data must be collected consistently for all health disciplines – influence the Australian Health Professional Registration Agency and Health Workforce Australia to ensure that the data they capture on an annual basis and also that for data collection to be extended to unregistered and self-regulating Allied Health Professions. Data collection to include non-client attributable descriptors that are applicable across all allied health disciplines.
3. Longitudinal studies are established and tracked for example students, postgraduate scholarship holders.
4. Advocate to Health Workforce Australia (HWA) the importance of establishing a repository of all research completed and whilst creating a clear definition of Allied Health.
5. SARRAH establish a strategic planning group to develop a discussion paper on the allied health workforce and services research. The purpose should include identifying priorities, and relevant stakeholders such as HWA, IAHA, NAHAC, AGPN, AHPRA and others. The Rural and Remote Allied Health Research Alliance (RRAHRA) to enlist members of the strategic planning group.
6. Develop a rural health research agenda to identify and develop innovative models of preventative oral health care.

**Indigenous health and the role of Allied Health professionals**

The Conference recommends that SARRAH:

1. Develop and implement action plans that will commit it to make a contribution to the Federal government’s “Closing the Gap” campaign. In order to support this initiative SARRAH consider establishing an expert Indigenous advisory body with representatives from organisations such as NH&MRC, Aboriginal Health Services and the National Aboriginal Community Controlled Health Organisations. SARRAH develop a reconciliation action plan which has measurable outcomes for improved allied health service delivery on the ground for Aboriginal and Torres Strait Islander communities.

2. And Allied Health professionals working within Indigenous populations should continue to strongly support the development of the Indigenous allied health workforce.

3. Advocate for the inclusion of Indigenous Therapy Assistants as an integral part of the allied health team for all health groups working with Indigenous people. This will assist with matters such as cultural security, continuity of care and a consistent face on the team, efficiency and range of culturally appropriate services and improved cultural mentors. Indigenous Therapy Assistants are essential in gaining trust, tackling sensitive issues that a non-Indigenous Allied Health therapist cannot. Encourage others to Indigenous Allied Health Assistants roles. Allied Health Professionals include these occupations in their teams. Indigenous Health Workers are and should be used as valuable resources of information on Indigenous culture.

4. Advocate for compulsory local cultural awareness training for all Allied Health Professionals practicing in rural and remote areas, and for the inclusion of such programs in all allied health undergraduate/entry level courses.

5. Work with the Remote Area Health Corp (RAHC) to maximise the awareness of the allied health services provided as well as analyse data on Allied Health Professionals and various models of best practice.

**Allied Health Therapy Assistants**

**Theme** - Skills Australia, Industry Skills Council, HWA and DoHA utilise existing education and training funding ($5 billion per annum in VET sector) for the development and establishment of Allied Health Therapy Assistants.

The Conference recommends that:

1. SARRAH facilitate and provide input into creating a future direction for Australian vocational education and training, increasing the capabilities of Allied Health Professionals and providing transformational leadership which is focused on client centred and multi professional services.

**Recruitment and Retention**

**Theme** - Advanced/extended scope of practice including recognition of rural practitioners.
The Conference recommends that:

1. SARAH and AHPA advocate for equity with the other health professions (i.e. the medical workforce) of recruitment and retention strategies to attract Allied Health Professionals to work in rural and remote areas. This may include making information and resources/support available to allow Allied Health Professionals to consider private practice in rural and remote areas.

**Career pathways**
The Conference recommends that:

2. The National Rural Health Students Network (NRHSN) and SARAH promote rural and remote Allied Health Professional careers at high schools/universities.
3. Through partnerships HWA and allied health networks including NAHAC and AHPA assist with development of an allied health career framework including:
   a. Map career structures for Allied Health Professionals across Australia.
   b. Develop allied health leadership roles.
   c. Develop permanent roles for allied health principal consultants, advanced practice/extended scope of practice.
   d. Develop pathways, including access to relevant training and supervision/mentorship, enabling rural Allied Health Professionals to specialise within the community in which they work.
   e. Establish practice endorsement systems required to produce specialisation.
   f. Create State-wide coordinators and an evaluation framework to review career structures and recommend relevant changes.
   g. Review workforce designs, such as workforce and role development, create new roles including support roles. Match workforce skills with case load complexities recognising that skills are complex and non-complex, and that the workforce needs to reflect the degree of skill and complexity required for a patient.
4. SARAH and AHPA to advocate for new models of care involving extended/advanced scope of practice such as prescribing rights, rights of referral, trans-disciplinary practice. This area needs to be explored, funded, implemented and supported to provide rural and remote communities with better access to health care. Clinician readiness to change must be considered before the implementation of new models of care. Non-clinically trained support workers should be recognised under the allied health umbrella such as mental health peer support workers.

**Rural and remote incentives**
The Conference recommends that SARAH:

5. Promote evidence-based allied health recruitment and retention strategies such as those implemented by North and West Queensland Primary Health Care Association (NWQPHCA) to areas providing rural and remote allied health services to assist with sustainability and value for money.
6. Advocate for flexible working arrangements in recognition of the female dominated workforce.
7. Seek support for the reimbursement of university fees in return for rural practice.
8. Advocate that rural and remote practice is a clinical speciality with endorsement on 
registration as in medical rural general practice.

**Access to continuing professional development**

The Conference recommends that:

9. Make greater use of information communication and technology for education. SARRAH to 
avocate for professional support policy guidelines and training packages which utilised 
videoconferencing.

**Mentorship and support**

Theme - Consider clinical supervision as a specialist role not an additional clinical role. Clinical 
supervision of students is core business for health services. Clinical supervisors need to have some 
rural and remote experience as they have distinctive needs to that of metropolitan supervisors.

The Conference recommends that SARRAH:

10. Advocate for clinical supervision as a specialist skill with a set of core competencies require 
the development of national/disciplinary specific guidelines for clinical supervision, including 
guidelines for new graduate supervisors, and the provision of training packages making use 
of ICT including videoconferencing and web based training programs.

11. Advocate for the implementation of a national rural mentorship program which provides 
comprehensive orientation and support for new graduates, those new to rural practice and 
practicing rural Allied Health Professionals. The program must also include support for new 
and existing mentors and supervisors.

12. Develop an interdisciplinary capability framework for all allied health clinical supervisors and 
mentors nationally:
   a. In consultation with Queensland Health.
   b. Develop and pilot development tool.
   c. Explore other uses of the capability framework.
   d. Share information with other states/territories including links to the framework on 
      the SARRAH website.

**Education and Training**

**Integration between education and workforce**

The Conference recommends that:

1. Education and training funding must focus not just on delivering a qualification but 
working with relevant jurisdictions on innovative workforce development. This should 
include the integration of training between the higher education/tertiary and vocational 
education sectors on new roles and more efficient use of Allied Health Professionals.

**Scholarships**

The Conference recommends that:
2. Rural Health Clubs should ensure that the dissemination of information on the availability of allied health scholarships is given to the general student population and not only Club members.

3. Scholarships should be made available at intervals rather than annually.

4. SARRAH, the NRHSN and National Rural Health Alliance (NRHA) advocate for equitable access to scholarships for rural students and students undertaking rural clinical placements, including financial, logistical, accommodation, transport, community contacts and support for supervisors. SARRAH should join with the NRHSN in funding a review of the clinical placement model and also seeking equity for all health professional students.

**Funding**

The Conference recommends that:

5. Supervisors receive training, up-skilling, support curriculum, adequate remuneration, recognition, clinical time management, improving communication and establishing partnerships between the university and health service sectors. These developments will assist them to provide clinical supervision, clarifying expectations and responsibilities between rural/remote based supervisors and the university from which the students are placed. Supervisors should to receive increased/compulsory video conferencing support from universities whilst students are on placement.

6. An online database is developed for students to be able to provide feedback/review on their placement experience and share with other students such as a trip advisor forum.

7. Revise the cluster model of funding to provide greater equity amongst health science students studying allied health disciplines, medicine or nursing.

**Rural Curricula**

The Conference recommends that:

8. Funding is provided for allied health, medical and nursing university educators to experience firsthand through residential rural/remote placements. This will allow educators to modify the curriculum to better reflect the realities of working in a rural/remote health setting.

**Inter-professional learning and practice (IPL and IPP)**

The Conference recommends that:

9. SARRAH advocate that the government jurisdictions, in partnership with the tertiary and vocational education training sectors:
   a. Develop and implement a framework for collaborative practice by health professionals on the ground.
   b. Strengthen educational support to rural and remote allied health professionals to improve their capacity to work effectively in teams.
   c. Encourages inter-professional, collaborative practice and leadership skills, knowledge and behaviour.
   d. Commence IPL for collaborative practice at undergraduate level with student placements supported with the provision of IP and profession specific supervision as appropriate.
Oral Health

The Conference recommends that:

1. SARRAH advocates for direct access to preventative oral health care practitioners in rural, remote and Indigenous communities which is supported by education, research and workforce action including:
   a. Increase access and financial support for continuing professional development, postgraduate education and peer support/mentoring for preventative oral health practitioners in rural, remote and Indigenous communities.
   b. Introduce oral health component into all allied health/medical and nursing undergraduate courses.
   c. Maximize the scope of practice of preventative oral health practitioners through education within the university and Vocational Education and Training Sectors.
   d. Expand scholarship opportunities and support mechanisms for rural origin and Indigenous oral health students.
   e. Expand financial and mentoring support for clinical oral health placement within rural, remote and Indigenous communities.
   f. Integrate and expand the role of preventative oral health services within the public health care system and into a range of settings including residential aged care facilities, Aboriginal health centres, schools the and children’s services.

2. SARRAH continue to seek funding support for the Sun Smiles project and other rural and remote oral health promotion projects and resources.

For SARRAH

The Conference

Posters

1. Present posters as part of a plenary session (3min/poster/presenter).
2. Acknowledge effort involved and highlight to go to the poster for further information during the conference.
3. Schedule time to view posters within the program.
4. Build in voting opportunity for patrons and presentation at the final session of program.

Yarning with the mob

5. Yarning with the mob sessions are an exciting and valuable inclusion to the conference program. Where possible it would be excellent if these sessions could be truly set up as yarning sessions, for example chairs set up in a circle with portable microphone feedback from some first time presenters and from the perspective of Indigenous people. This approach distinguishes between the more informal AV presentations and encourages group interaction and also confidence in less practiced presenters. Also sits with session theme in true sense of the words.

Resources and programs

6. SARRAH makes available through its website:
   a. The CD “improving the fitness and nutrition of your community” which contains advice forums, handy hints for promoting and convening a program, fitness testing guide and nutrition.
b. A link to the “more than medicine” package.
7. SARRAH support Michael Bishop to create an initial draft report card outlining each state and territories success in implementing a supported and integrated AHP service around cardio, respiratory or continence or diabetes. For example persistent pain management:
   • Link with rural health consumer networks.
   • Use state and professional networks to distribute a survey of members.

Position Papers
8. Allied Health Workforce and Service Delivery Research.
9. Indigenous Health and the contribution of allied health professionals and services to ‘Closing the Gap’.

Specific Programs
1. SARRAH to work with NGOs to expand yoga into the community and create a self management program as part of health promotion and flexibility programs to prevent injury and for those with chronic disease.