POSITION PAPER

PRINCIPLES OF RECRUITMENT AND RETENTION OF ALLIED HEALTH PROFESSIONALS TO REMOTE AUSTRALIAN COMMUNITIES

DECEMBER 2009
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Executive Summary

The purpose of this paper is to provide guidance and support for employers, service providers and funding bodies on the key principles for the effective recruitment and retention of Allied Health Professionals (AHPs) to remote Australia communities.

AHPs contribute substantially to improved health as part of multi-disciplinary teams providing community based care. AHPs are an integral component of any multidisciplinary primary health care team and provide much needed services to treat conditions, prevent disease and improve quality of life for individuals and their remote community. Yet rural and remote areas have less AHPs per head of population than urban areas, in fact communities in remote areas often have very little or no access to AHPs\(^1\).

As with the medical workforce, recruitment and retention incentives must be funded and implemented for AHPs in remote Australia. The funding and support to implement strategies to recruit and retain AHPs in remote communities is the responsibility of both Australian and State/Territory Governments.

Principles underpinning a national approach to the recruitment and retention of the remote allied health workforce include:

- Competency based approach and career framework for the Australian Allied Health Workforce. In particular, the framework must include the establishment of a national set of competency standards for remote clinics/practices including all existing and new clinical roles.
- The development and implementation of a national framework for the clinical governance of allied health services in remote Australia.
- The development and implementation of a national workload management system for AHPs based on the Queensland Health model.
- The urgent development and implementation of best practice models on clinical and practice supervision and support for remote AHPs.
• Funding and implementation of a range of strategies to assist in the recruitment and retention of a remote allied health workforce similar to those incentives available to recruit and retain the medical workforce.

Agreement is required to remove the Commonwealth and State/Territory boundaries of responsibility for allied health services in remote areas and ensure financial and non-financial support structures are funded and implemented.

The contributing elements to a best practice model in recruiting AHPs to remote areas involves a number of strategies including, but not restricted to:

• Adopt a broad approach in advertising for registered health professionals in remote locations rather than focusing on the local media only. Different targeted promotional strategies may work for different professions and locations.

• Promote positive factors of remote communities including ongoing commitment by health care providers and funding authorities, new and exciting opportunities for families and lifestyle changes.

• Promote the experience of remote practice through positive clinical placement experiences and consider an exchange program with metropolitan and remote AHPs.

• Promote the professional development opportunities, funding and support (including clinical supervision) available to remote AHPs.

• Discuss and address the negative perceptions of remote practice including lack of opportunities, social isolation, lack of staff, locums.

• Present the positive aspects of remote practice including the stability, rewarding and fulfilling personal and professional environments including job diversity.

• Develop a community orientation program including an overview of the culture of the employing agency.

A best practice model in retaining AHPs in remote areas also involves a number of strategies including, but not restricted to:

• Develop and implement a national framework for the clinical governance of allied health services in remote Australia.
• Provide an environment for job satisfaction including: career progression and pathways; achievement and recognition; responsibility; flexible working conditions; clear management structures; and support/mentoring by peers, teams and/or managers.

• Provide professional development opportunities consistently and equitably across the AHP disciplines.

• Provide unified and consistent resources and support structures from management including clinical and practice supervision and access to locums and other relief staff.

• Provide multidisciplinary practice and learning opportunities supported by appropriate electronic information, management and communication systems.

• Provide networking opportunities and access to distance learning and technologies to prevent professional isolation.

• Provide an opportunity for personal growth, long term social support for the AHP and family and work/family life balance opportunities.

• Provide job and economic security through the provision of retention bonuses, additional long service leave and/or annual leave.
Background

Services for Australian Rural and Remote Allied Heath (SARRAH), is a nationally recognised peak body representing regional, rural and remote allied health professionals (AHPs). As a 'grassroots' organisation its membership consists of individual AHPs across regional, rural and remote Australia. SARRAH's primary objective is to develop and provide services to enable AHPs who live and work in regional and remote Australia to confidently and competently carry out their professional duties in providing a variety of health services.

SARRAH believes that AHP services are essential to improving the quality of life and better health outcomes for rural and remote communities. It is also SARRAH's view that every Australian should have access to basic health services according to need and wherever they live, and that AHP services are basic and core to Australians' health and wellbeing.

AHPs provide a range of clinical and health education services to individuals who live in rural and remote communities. AHPs are critical in the management of their clients' health needs, particularly in relation to chronic disease and complex care needs.

The term AHP incorporates a core group of professionals which includes but is not restricted to: Audiologists, Dietitians, Occupational Therapists, Orthoptists, Physiotherapists, Podiatrists, Prosthetists/Orthotists, Psychologists, Radiographers, Social Workers, Speech Pathologists, Pharmacists, Optometrists and Oral Health practitioners.

Demand for AHPs is expected to increase as the Australian demographic changes (e.g. ageing of the population), and recognition of the unique health concerns that relate directly to remote living conditions, social isolation, cultural diversity and distance from health services. Additionally, remote communities experience low socioeconomic and educational status, fewer employment opportunities and poorer access to health services.

The majority of rural AHPs (75%) are employed in the public health system, predominantly under recurrent State/Territory government funding. This funding
is under threat from the declining share of health expenditure being directed to public hospitals, which has seen a 25% reduction in allied health funding over the past five years (2).

Remote Context

Australians living in remote areas (see Table 1) do worse than those living in major cities on a wide range of health measures. Overall health status worsens on a continuum as you move away from metropolitan centres. Contributing factors include:

- Social and economic disadvantages such as reduced opportunities for education and skilled employment (Table 1) and higher costs of living;
- Poorer access to health services and a range of health professionals;
- Higher levels of health risk behaviours such as smoking, binge drinking and lack of physical activity;
- Environmental factors including poorer housing, distances travelled and higher risk occupations; and
- Disproportionately large Aboriginal and Torres Strait Islander (A&TSI) populations (Table 1) with poorer overall health.

Table 1: Selected characteristics of populations by remoteness area (3)

<table>
<thead>
<tr>
<th></th>
<th>Major City</th>
<th>Inner Regional</th>
<th>Outer Regional</th>
<th>Remote</th>
<th>Very Remote</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>66</td>
<td>21</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>A&amp;TSI population</td>
<td>30</td>
<td>20</td>
<td>23</td>
<td>9</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>Population per area who are A&amp;TSI</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>12</td>
<td>45</td>
<td>2.4</td>
</tr>
<tr>
<td>People living in most disadvantaged SEIFA* quartile</td>
<td>20</td>
<td>28</td>
<td>33</td>
<td>26</td>
<td>53</td>
<td>24</td>
</tr>
<tr>
<td>People living in least disadvantaged SEIFA quartile</td>
<td>34</td>
<td>14</td>
<td>8</td>
<td>10</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>Adults not in workforce or unemployed</td>
<td>41</td>
<td>46</td>
<td>43</td>
<td>35</td>
<td>39</td>
<td>42</td>
</tr>
<tr>
<td>Adults employed in primary production and mining</td>
<td>&lt;1</td>
<td>4</td>
<td>11</td>
<td>20</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>Youth starting tertiary study</td>
<td>39</td>
<td>26</td>
<td>23</td>
<td>12</td>
<td>10</td>
<td>33</td>
</tr>
</tbody>
</table>

* SEIFA refers to Socio-Economic Indexes for Area and is used by the Australian Bureau of Statistics as an index of relative socio-economic disadvantage.
Purpose of the paper

The purpose of this paper is to provide guidance and support for employers, service providers and funding bodies on the key principles for the effective recruitment and retention of AHPs to remote Australia communities.

Allied health services in remote communities

AHPs contribute substantially to improved health as part of multi-disciplinary teams providing community based care. AHPs are an integral component of any multidisciplinary primary health care team and provide much needed services to treat conditions, prevent disease and improve quality of life for individuals and their remote community.

The Australian Government is currently undertaking a major review of the Australian Health System. The drive for major health system reform is as a result of Australia’s ageing population, increasing burden of chronic disease, rising demands on the health system and costs of providing care, and of workforce shortages. The National Health and Hospital Reform Commission final report (June 2009) A Healthier Future for all Australia highlights the need to reform the health system to have a greater emphasis on community based preventative health care measures and an integrated primary health care system. The allied health professions have a critical role in implementing both the national primary health care strategy and the national preventative health care strategy.

Yet rural and remote areas have less AHPs per head of population than urban areas, in fact communities in remote areas often have very little or no access to AHPs(1).

A key feature of remote allied health service delivery is the strong partnerships with communities which promote participation, develop community capacity and support the provision of quality, culturally appropriate and accessible services.
Access to remote allied health services

Remote AHPs have traditionally been employed within State/Territory government public health and community health services. The Australian Health Care Agreements provides funding to the States and Territories for the provision of primary health care, acute care and rehabilitative services through AHPs employed in both the hospital and community health sector.

The National Health and Hospital Reform Commission final report (June 2009) A Healthier Future for all Australia identifies the issues for health service delivery as a result of the complexity of the funding arrangements between the Commonwealth and the States/Territories. Jurisdictional collaboration through the current Australian Healthcare Agreements is required with an emphasis on implementing a National Primary Health Care Strategy which has the potential to address some of these issues.

In recent years, access to allied health services in small rural and remote areas has been enhanced through a range of Australian Government initiatives. Programs such as More Allied Health Services, Regional Health Services, Multipurpose Centres allied health services are now being provided by non-government organisations such as Divisions of General Practice, the Royal Flying Doctor Service and Aboriginal Community Controlled Health Services.

The Medical Benefits Scheme (MBS) is a key funding driver for primary health care services. Changes to the MBS that enabled multidisciplinary team care for clients with chronic and complex conditions through direct access to allied health services and multidisciplinary care planning and team conferencing has had limited impact in remote communities. However the ability of remote residents to access allied health funding available through the MBS items and other resources is limited by guidelines which restrict service provision to AHPs working in the private sector. With the majority of allied health providers in remote areas working in the public sector access to such funding is limited.
SARRAH recommends that:

1. An agreement is required to remove the Commonwealth and State/Territory boundaries of responsibility for allied health services in remote areas and ensure financial and non-financial support structures are funded and implemented.

2. An increase in collaboration, communication and interstate approaches to allied health workforce issues is required to ensure that States/Territories no longer implement programs in isolation. A collaborative approach will enable the sharing of experiences, progress and opportunities including re-entry programs, competency based frameworks, education and training systems. This would contribute towards the implementation of national evidence based programs and funding supported by an appropriately skilled workforce.

3. A critical need exists to develop the availability of MBS items to address the inequity in access to primary health care services for remote residents.

Allied health workforce

Level of service

Access to a range of AHP services is essential for the health and well being of rural and remote populations. How this access is achieved varies from services delivered onsite by resident AHPs to outreach services provided by AHPs located in a larger regional or metropolitan centre, services delivered utilising e-health methods or by taking the client to the service. However access to service is determined by the number of positions and range of professions available. The lack of workforce data detailing the distribution and work characteristics of the allied health workforce has been identified\(^{4-6}\). The lack of data available includes the benchmarking of allied health services for remote communities which takes into account geographic, demographic, socio-economic and health characteristics of the remote communities to be serviced and the work practices of the individual
allied health professions. Without such research it is difficult to determine the numbers of AHPs required to meet the needs of the community.

However, anecdotally it is known that there are not sufficient publicly funded allied health positions either within remote communities, or delivering services to remote communities from larger hub sites. Publicly funded positions include positions funded by both the State/Territory and Australian Governments. The Australian Allied Health Workforce Study undertaken by SARRAH in 2004 identified that with increasing remoteness, communities are increasingly dependent on public sector funded AHPs for services\(^1\). Inadequate numbers not only impacts on the communities’ ability to access services, but also impacts on the recruitment and retention of AHPs to these positions, with workload stress leading to burn out and resignations.

The NHWT works program for health workforce research, planning and data states that "Health workforce policy and planning should be population and consumer focused, linked to broader health care and health systems planning and informed by the best available evidence"\(^1\). The research program includes macro level supply and demand projections for the medical, nursing and allied health professions, allied health workload measures and the development of a National Dataset for health workforce\(^7\). The supply and demand projections for allied health is however limited to Pharmacy, Physiotherapy, Podiatry, Dental Auxiliaries (oral health) and other professions ‘where data is available’. However, workload measures are being developed for ‘specified allied health professions’ and the collection of minimum dataset information will be limited to the National Registration System.

**SARRAH recommends that for the successful implementation of health workforce and health system reforms there must be:**

1. **A targeted allied health workforce research project, including the registered and self-regulating professions to be undertaken to**

determine the current distribution and work practices of the allied health workforce in remote communities and the number of allied health positions required to meet the needs of remote communities.

2. A national coordinated consultation process with communities to analyse and assess their primary health care needs.

3. A strategic approach for creating new roles and workforce opportunities in primary health care. Workforce shortages of AHPs are directly linked to the lack of funding to create positions and the limited support for the workforce in remote settings.

4. An analysis of AHP training positions at universities to determine if adequate numbers of AHPs are currently being trained and whether training places need to be increased.

5. An increase in opportunities for AHP clinical education in remote communities must be funded and supported.

The recruitment and retention of the remote allied health workforce

SARRAH has developed a best practice model for the recruitment and retention of AHPs to remote communities. In developing this model SARRAH considered the following publications:

- Struber J. Recruiting and retaining allied health professionals in rural Australia: Why is it so difficult? The Internet Journal of Allied Health Sciences and Practice. 2004 April 2004;2(2).

- Battye K, Hines J, Ingham C, Roufeil L. The NSW Central West Allied Health Service Network: A model to increase access to public and private allied health services: Report written for the Australian Department of Health and Ageing, Canberra; 2006.

There needs to be a national standard and consistency which includes working conditions, competencies, resources and wages for AHPs so that remote communities are not disadvantaged in the recruitment and retention of staff. Furthermore, there needs to be recognition of the skills and the value that allied health workers bring to remote communities.

As with the medical workforce, recruitment and retention incentives must be funded and implemented for AHPs in remote Australia. Incentives include establishing and providing attractive remuneration and other employment conditions, supervision/mentoring, continuing professional development and peer support (e.g. through membership of SARRAH). Other financial incentives need to be provided such as support for families, relocation and accommodation subsidies.

The funding and support to implement strategies to recruit and retain AHPs in remote communities is the responsibility of both Australian and State/Territory Governments.

**Supporting principles**

SARRAH has developed a set of supporting principles to underpin the recruitment and retention practices of AHPs in remote communities. The principles include:

- Competency based approach and career framework
- Clinical governance
- Workload management
- Clinical and practice supervision
Competency based approach and career framework

SARRAH recommends the development and implementation of a national competency based approach and career framework for the Australian Allied Health Workforce. In particular, the framework must include the establishment of a national set of competency standards for remote clinics/practices including all existing and new clinical roles.

SARRAH recommends that Australian, State and Territory governments develop a national strategy to establish roles and financial resources to create new positions and structures such as Allied Health assistants.

This will contribute towards the implementation of a consistent and robust national registration system for all AHPs.

This approach needs to be underpinned by a specific set of competency standards for remote practice. The lack of a nationally accredited and structured approach in career pathways is contributing to AHPs leaving their professions.

National collaboration in the development of a remote Australian career framework, from entry level through to advanced practitioner, which is linked to a competency framework is required. This would include:

- Enhancing career pathways through all skill levels, creating multiple entry and exit points across the Vocational Educational and Training (VET) system and higher education sectors and incorporating effective skill assessment and training approaches.
- Creating clinical, academic and management pathway streams to provide AHPs with career options.
- Establishing a nationally recognised competency framework and standards for all occupational levels across remote allied health.

A nationally recognised and supported allied health career pathway needs to be established:

- transcending State/Territory boundaries;
- linking to clinical supervision;
- providing professional development;
• setting minimum standards; and
• recognising remote practice as a desirable career pathway through specialised and a competency based system.

Clinical governance

Studies undertaken on the line management of AHPs have identified that with increasing remoteness the practitioner is less likely to be managed by a professional with either the same allied health background, or from another allied health profession. They are more likely to be managed by health professionals from the medical or nursing workforce or by someone without a health background\(^8,\,9\). The manner in which an AHP is managed and supervised is related to their sense of job satisfaction and ultimately on retention to the position.

SARRAH recognises that in remote communities it is often not possible to provide line management by a member of the same allied health profession on site.

SARRAH recommends the development and implementation of a national framework for the clinical governance of allied health services in remote Australia. The framework needs to include requirements for:

1. Line management of both vocationally trained and tertiary qualified AHP workforce, including for the implementation of advanced scope of practice roles for allied health.
2. Education, training and support for onsite line managers.
3. Input to management of service by an AHP with links to the service and the practitioner providing the service where onsite management of service is provided by non-AHPs.
4. Access to clinical supervision/support.
Workload management

SARRAH recommends the development and implementation of a national workload management system for AHPs based on the Queensland Health model.

The model would be an input into the development of a workforce planning tool. A national workload management system would be underpinned by practice guidelines and training for remote AHPs, including prioritising case loads to enable practitioners to provide primary health care to communities at the right time, at the right place and at the right cost in accordance with best practice principles.

Clinical and practice supervision

SARRAH recommends the urgent development and implementation of best practice models on clinical and practice supervision and support for remote AHPs.

SARRAH will continue to advocate to Commonwealth, State and Territory Governments and other employers of AHPs for appropriate levels of professional practice supervision and support particularly for new graduates and AHPs new to remote practice.

Any clinical and practice supervision model must, as priority, provide safety for clients. An effective strategic approach towards delivery would be face to face however for practical purposes alternate distance methods need to be considered through Health departments, professional associations and existing networks.

Strategies

SARRAH is continuing to advocate to Commonwealth and State/Territory governments and other employers of AHPs for appropriate levels of and access to professional support and incentives to support recruitment and retention to remote areas of Australia.
Professional support includes:

- professional practice supervision,
- training and professional development, and
- adequate and appropriate management.

Incentives include:

- Taxation reform through the reimbursement or credit of Higher Education Contribution Scheme (HECS) fees (now Commonwealth Supported Place) for example ‘the more remote the position the greater financial incentive payable to AHPs’.
- Practice Incentive Payments for AHPs delivering services to remote communities through the private sector similar to that available to members of the medical profession.
- Retention bonuses for the AHPs working in both the public and the private sector in recognition of length of time of service.

This will contribute towards attracting new graduates and existing AHPs to remote practice as a viable career path.

**Recruitment of Allied Health Professionals**

The contributing elements to a best practice model in recruiting AHPs to remote areas involves a number of strategies including, but not restricted to:

- Adopt a broad approach in advertising for registered health professionals in remote locations rather than focusing on the local media only. Different targeted promotional strategies may work for different professions and locations.
- Promote positive factors of remote communities including ongoing commitment by health care providers and funding authorities, new and exciting opportunities for families and lifestyle changes.
- Promote the experience of remote practice through positive clinical placement experiences and consider an exchange program with metropolitan and remote AHPs.
• Promote the professional development opportunities, funding and support (including clinical supervision) available to remote AHPs.

• Discuss and address the negative perceptions of remote practice including lack of opportunities, social isolation, lack of staff, locums.

• Present the positive aspects of remote practice including the stability, rewarding and fulfilling personal and professional environments including job diversity.

• Develop a community orientation program including an overview of the culture of the employing agency.

Retention of Allied Health Professionals

A best practice model in retaining AHPs in remote areas also involves a number of strategies including, but not restricted to:

• Develop and implement a national framework for the clinical governance of allied health services in remote Australia.

• Provide an environment for job satisfaction including: career progression and pathways; achievement and recognition; responsibility; flexible working conditions; clear management structures; and support/mentoring by peers, teams and/or managers.

• Provide professional development opportunities consistently and equitably across the AHP disciplines.

• Provide unified and consistent resources and support structures from management including clinical and practice supervision and access to locums and other relief staff.

• Provide multidisciplinary practice and learning opportunities supported by appropriate electronic information, management and communication systems.

• Provide networking opportunities and access to distance learning and technologies to prevent professional isolation.

• Provide an opportunity for personal growth, long term social support for the AHP and family and work/family life balance opportunities.
• Provide job and economic security through the provision of retention bonuses, additional long service leave and/or annual leave.

Conclusion

This paper provides information and recommendations regarding principles and strategies to be developed, funded and implemented to support the recruitment and retention of an AHP workforce for remote communities in Australia. A consistent, national approach to recruitment and retention of AHPs adopted at national, State and local levels, is required to ensure that remote communities have access to the range of allied health services required to meet their current and future health needs.

References