The Rural Allied Health Workforce Study: profiling the allied health workforce in rural NSW and Tasmania

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Background
According to the AIHW 2006 “Australia’s Health” report, the allied health professions form about 18% of the health workforce in Australia, while medical practitioners comprise 16% and nurses 65% of the workforce. There is a current shift toward more multidisciplinary models of care, with an emphasis on prevention and early hospital discharge. Strategic deployment of the allied health workforce will be needed to address these changes in service delivery.

It is well known that there is a national shortage of allied health professionals (DEWR 2004 Skills Shortage List) and that this problem is worse in rural areas (SARRAH 2004). Detailed workforce data are needed to support workforce planning in the allied health professions. While workforce data are robust for rural nurses and medical practitioners (AIHW) these data are not available for workforce planning in the rural allied health professions (AHWAC 2006). This study provides a detailed profile of the rural and regional allied health workforce in NSW and Tasmania.

Methods
A comprehensive survey was designed in consultation with university and public health stakeholders, and was piloted in a small sample of allied health professionals. The survey included questions on demographics, work settings and attitudes relevant to recruitment and retention of rural allied health practitioners. We recruited subjects through multiple methods in an effort to capture the entire NSW rural and Tasmanian state workforce. On-line survey and hardcopy responses were collected from both public and private sector practitioners across Tasmania and rural NSW. Survey data were analysed using SPSS.

Results
At the time of presentation, data collection was underway in NSW and had been completed in Tasmania. This paper provides information on the profile of the allied health workforce which will result from the study. It will presents preliminary findings related to the Tasmanian allied health work settings, professional development, recruitment and retention as examples.

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Presenters
Sheila Keane completed bachelor degrees Physiotherapy and in Health Education, commencing clinical practice in 1981. She specialised early in the area of stroke rehabilitation and completed a research masters degree in Neuroanatomy in 1991. Sheila was recognised by the American Physical Therapy Association as a Neurologic Clinical Specialist in 1993. Sheila's academic career began in 1992, and she has contributed extensively to professional development in the area of stroke rehabilitation. In addition to her clinical research interest in the treatment of hemispatial neglect, Sheila has conducted workforce research in the context of her employment as Senior Lecturer in Allied Health at the Northern Rivers University Department of Rural Health in Lismore NSW. Sheila is also interested in addressing issues in rural clinical education and workforce redesign using therapy assistants.

Shelagh Lowe has a background in physiotherapy. She has lived and worked on the east coast of Tasmania since 1985. Shelagh has been an advocate for rural and remote allied health services and the allied health workforce since 1997, through involvement with various organisations including the Australian Physiotherapy Association, Allied Health Professions Australia, and the National Rural Health Alliance. She was the inaugural Executive Officer for Services for Australian Rural and Remote Allied Health (SARRAH), and now holds the position of Manager, Policy and Programs with SARRAH. Shelagh is also a rural allied health academic at the University Department of Rural Health – Tasmania.