



SARRAH SUMMIT 2020

*"The health challenges in rural and remote areas are varied and complex and require a collaborative approach. Allied health professionals are essential to the multidisciplinary care needed to address the varied and diverse health care needs of regional Australians."*¹

*"Allied health services underpin the health and wellbeing of our nation. They are the quiet achievers of our health, disability, education, aged-care, and social service sectors. Without them, our schools, workplaces, homes and aged-care facilities all struggle to realise their potential, communities suffer and economic development stalls."*²

Rural Allied Health in focus

On Friday 28 February 2020, SARRAH hosted a forum at the University of Canberra, providing a rare 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.



The day began with an address by the Hon Mark Coulton MP, Minister for Regional Health, who said that in the face of the chronic imbalance between rural and metropolitan health workforce it's time to promote the benefits of a rural lifestyle to recruit health professionals to the bush. The Minister noted that everyone in attendance at the summit appreciated the complex health challenges in rural and remote areas and that solutions require a collaborative and integrated approach. He told the group that his focus was to plan for and develop more sustainable and integrated models of primary care, and that rural communities are leading the way with local solutions to meet a region's need for health care, such as own-grown workforce solutions like allied health assistants.

Minister Coulton used the opportunity to launch the Australian Allied Health Leadership Forum (AAHLF) position statement on [Allied Health Rural Generalism](#). AAHLF is a collective of national allied health peak organisations working collaboratively to address issues of national

¹ The Hon. Mark Coulton, Minister for Regional Health, Regional Communications and Local Government. *A pathway to improved allied health for rural Australians*. Media release 28 February 2020

² National Rural Health Commissioner (March 2020). *Interim Report to the Minister for Regional Health, Regional Communications and Local Government: Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia*

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importance to the allied health sector and the Australian public. AAHLF developed the position statement to acknowledge the important work undertaken to date to develop Allied Health Rural Generalism and to support the establishment of a nationally-recognised rural generalist pathway for the allied health professions as a means to address workforce shortages in rural and remote Australia.

The National Rural Health Commissioner, Professor Paul Worley, presented his interim report to Minister Coulton on the [Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia](#). In releasing the interim report at the summit, Professor Worley pointed to three key areas requiring action: leadership, culture and integration.



- He spoke of the need for national leadership, specifically a dedicated Chief Allied Health Officer with staff and funds quarantined to focus more wholly on advancing allied health, rural allied health models of care and strengthening allied health workforce data.
- He referred to the need for clusters of integrated allied health services in rural and remote communities to build scale, scope, effectiveness and status for rural allied health services.
- The Commissioner advocated the value to the whole health system of Aboriginal and Torres Strait Islander Peoples' understanding of holistic health and wellbeing, including the cultural and social determinants aspects of health and the success demonstrated by the Aboriginal Community Controlled Health sector.
- The Commissioner called for training and education pathways to increase participation of Aboriginal and Torres Strait Islander peoples in the allied health professions, through existing programs such as Indigenous Allied Health Australia's health academies
- He supported the development of a regional, rural and remote holistic 'grow your own' health training system focused on overcoming the disadvantage that rural and remote communities face in accessing training and appropriate healthcare.

Professor Worley advised that, at the request of Ministers, he was in the process of developing an implementation plan based on the findings of his report, together with costings. He called on allied health professionals to market the sector in a way that reflected their important role in the health system. He asked the question "allied health professionals - allied to whom?"

Rural allied health professionals: allied to patients and the patient journey

The summit's focus then moved to the panel of rural allied health practitioners assembled to illuminate the issues facing service providers in rural and remote Australia. This is a sector that very little is known about in terms of health workforce planning, yet national health and disability programs are dependent upon to deliver care to vulnerable populations.

The panellists shared some sobering and at times distressing stories about their clients' struggles to access and maintain services, often forced to juggle multiple programs and funding streams as their clients' needs changed or as the system changed around them. They described their efforts to assist clients to navigate pathways through health, education and disability systems, plugging gaps and finding work-arounds in order to maintain continuity of care. They identified many other people living in their communities in need of allied health services who are unable to access care because they do not neatly fit within a funding stream and cannot afford to pay, notwithstanding that these allied health professionals are reluctant to turn people away.

Panellists were clearly frustrated by the overwhelming administrative burden imposed on their services, taking valuable time away from clinical services:

- Practices were operating at full capacity, yet returning marginal profit. Some businesses accessed up to 32 revenue streams, adding significant cost and administrative burden to these small rural businesses.
- Clinicians practiced under multiple regulatory frameworks including the Medical Benefits Scheme, the National Disability Insurance Scheme, workers' compensation and third party insurance schemes and others.
- Clinicians often worked with their clients across several system interfaces in order to provide continuity of care to their clients as their circumstances changed.
- Services were often provided to clients and communities with no expectation of recouping costs, because the available funding streams did not fit the need of the client. This was a common theme discussed throughout the day, providing a picture of service access that is far from universal or patient-focused despite the complex myriad of dozens of funded programs and myriad gaps that individuals fall through.
- One practitioner described their decision to close their practice because of the impact on their health and wellbeing due to long hours in the clinic spent managing the administrative functions of the business at the expense of clinical services.
- Another shared that they had to re-mortgage their house in order to meet the cost of maintaining compliance requirements for the NDIS.

From the discourse emerged a picture of dedicated allied health professionals who have chosen to work in private practice because they enjoy the flexibility and autonomy that comes with owning their businesses, yet are struggling in the face of rapidly changing health and disability systems. They have adapted to a constantly changing, confusing and onerous regulatory and funding environment because the needs of their clients have compelled them to. These clinicians have managed to keep their doors open in the absence of the support that is made available to general practice to ensure viability of services and continuity of care. Despite of the challenges, or perhaps because of them, they have



remained focused on clients and clinical care, with exemplary professionalism, determination, flexibility and resilience. However cracks are showing, as evidenced by an ever-widening gap in workforce distribution between rural and metropolitan regions, and urgent action is required to prevent the drift of more allied health professionals away from rural practice.

The case for change

Among the many other insights from the day, several points were noted as needing attention to improve access and equity of services, clustered around four key themes:

- Reviewing funding models allied health services to ensure clients in need can access services:
 - Review the fee-for-service model as the basis for service delivery across different populations and locations as it currently does not work for many patients;
 - Streamline the various regulatory frameworks associated with different funding streams to reduce the administrative load on clinicians;
 - Recognise the cost, both financial and human, of servicing distant and dispersed patient groups, often requiring many hours of unremunerated travel time and the subsequent impact on a clinician's capacity to provide direct clinical care.
- Improve access to care for clients:
 - Improve access to services via telehealth, and broaden the definition of telehealth to include a range of technologies such as hand-held devices and home monitoring equipment;
 - Consider the technical literacy that is required by clients to utilise services delivered via telehealth. This may require the provision of an assistant worker at the client-end of the telehealth exchange where needed;
 - It was noted that eligibility requirements for access to interpreter services had changed recently, leaving some providers without access to professional services.
- Workforce Development:
 - Improve capacity for rural allied health professionals to offer clinical training to undergraduate students, and consider innovative ways to deliver rural placements for allied health students;
 - Expand the allied health rural generalist pathway as a means to deliver wrap-around support to new graduates and early career allied health professionals;
 - Engagement with NDIS and aged care systems to bolster rural workforce development including student training, clinical placement networks and support for early-career allied health professionals.
- Safeguard existing rural allied health capacity against apparent increased pressure that may exacerbate the maldistribution of the workforce, as practitioners choose to relocate to larger regional centres and/or take up positions in the public system.
 - Cross-sector engagement between government, state health services, primary health networks and the private allied health sector to improve efficient regional service access arrangements.

Future directions

The issues raised by practitioners at the forum deserve attention in the Government's response to the National Rural Health Commissioner's report, the implementation of his recommendations, the Royal Commissions into Aged Care and Disability, and in the consultations underway for the national 10-year health plans, to ensure that rural and remote communities have better access to allied health services.

Summit Actions

- SARRAH will continue to work with the National Rural Health Commissioner, our members and other stakeholders to develop a coherent and long-term investment in allied health rural and remote capacity and practical actions to deliver services and impacts that improve the health and wellbeing outcomes of rural and remote Australians.

SARRAH will:

- Investigate establishing a working group (with the Department of Health) for SARRAH, rural PHNs, ACCHOs and other key stakeholders to promote allied health communities of practice and capacity-building in rural and remote Australia.
- Seek mechanisms for improving engagement between AHPs, PHNs and other stakeholders to co-design "integrated allied health services"
- Maintain engagement with panellists and other SARRAH members to ensure their perspectives are captured in consultation/ development opportunities, such as the National Primary Health Strategy and the National Preventive Health Strategy.

- We heard some positive stories from Nicki Turner, Chair of Indigenous Allied Health Australia, about the work they are doing to grow the Aboriginal and Torres Strait Islander health workforce through their health academies. More information about IAHA's health academies is available [here](#).
- SARRAH intends to work with IAHA and possibly NACCHO to promote and enable the AHRGP in Community Controlled and other Indigenous health settings.
- The [Allied Health Rural Generalist Workforce and Education Scheme](#) referred to in the National Rural Health Commissioner's report represents another means to grow a fit-for-purpose rural workforce.

SARRAH is calling for further investment in the Allied Health Rural Generalist Pathway as a strategy to grow the number of rural generalist trainees and service capacity in regional, rural and remote Australia

- Develop with stakeholders (and potentially through AAHLF) a statement on effective and potential use of telehealth as a tool (modality and funding) –including clinical supervision and student supervision and clinical service delivery and continuity
- Allied Health Assistants are a key part of the rural health workforce, both in terms of improving access to services and bolstering the rural workforce pipeline. More work is required to develop pathways for AHAs, including the creation of new roles within industry that utilise their skills and knowledge of allied health service, and the create articulation pathways from certificate IV training through to allied health undergraduate and entry-level masters' programs.

SARRAH is calling for investment in the development of the AHA workforce through programs that support allied health professionals to utilise AHA roles with appropriate governance arrangements, supervision and training.

- Red tape reduction is critical to reducing barriers for allied health service providers. While this applies to the broader allied health sector, it is particularly important to rural practitioners because by necessity they provide mixed services under multiple regulatory frameworks.

SARRAH will work with and through AAHLF to refer the red tape reduction to the current Commonwealth Deregulation Taskforce

- We identified a need to improve engagement between private allied health service providers and primary health networks (PHNs). SARRAH will act as a conduit between our members and PHNs to better understand how private allied health practitioners working in rural settings can be engaged as part of an integrative health system along with PHNs and state-based health services to improve health outcomes for rural Australians.

Summary

Rural allied health professionals are part of the fabric of rural communities and need support to improve viability and sustainability. This issue has been identified and highlighted throughout the National Rural Health Commissioner's consultations, and further work is required to define integrated allied health services as a means to build scale and scope of allied health service in rural and remote settings.

As new avenues to improve service and workforce access are explored, it will be important to ensure that existing allied health service providers are not overlooked.

In addition, there is an urgent need to streamline compliance and regulatory frameworks to reduce the administrative burden on rural allied health practitioners who are reliant on a wide range of income streams for viability.

Finally, all sectors of government with an interest in improving access to allied health services in rural and remote Australia need to be looking at ways to harness this sector of the rural allied health workforce, integrating existing allied health services with local primary health networks, health and hospital services, aged care services, schools and other community services.



The Hon Mark Coulton MP

Minister for Regional Health, Regional Communications and Local Government

Media release

28 February 2020

A pathway to improved allied health for rural Australians

Increasing access to allied health services such as physiotherapy, pharmacy, psychology and podiatry is vital to improving health outcomes for Australians living outside the major cities.

Minister for Regional Health, Mark Coulton today said the unbalanced distribution of allied health professionals (AHPs) between city and country was a key health issue the Coalition Government was working to address.

“While this is a long standing issue, it’s becoming more pressing every day, which is why we’re taking steps to address the maldistribution and get more allied health professionals into our regions,” Minister Coulton said, speaking at the Services for Australian Rural and Remote Allied Health (SARRAH) Summit.

“The health challenges in rural and remote areas are varied and complex and require a collaborative approach.

“Allied health professionals are essential to the multidisciplinary care needed to address the varied and diverse health care needs of regional Australians.”

Working with doctors and nurses, AHPs are university trained specialists who have major roles in preventing, diagnosing and treating illness and injury, often working closely with their health professional colleagues.

Minister Coulton today launched the *Australian Allied Health Leadership Forum (AAHLFs) Position Statement* on an Allied Health Rural Generalist Pathway at the SARRAH Forum, attended by AHPs from around Australia.

He said the Statement supports a nationally recognised, sustainable rural generalist pathway for the allied health professions, and commits AAHLF to work collaboratively to implement a pathway with three basic elements:

- New rural generalist service models;
- Workforce policy and employment structures; and
- A formal education program.

Minister Coulton said he fully supported the forum’s statement that “allied health must play a key role in the design of the health system and that the Australian community have the right of equity of access to the right practitioner, in the right place and at the right time”.

“Not every small town has a doctor, therefore allied health professional are so important to providing primary healthcare in our rural communities,” Minister Coulton said.

The National Rural Health Commissioner, Emeritus Professor Paul Worley is currently working on his report on allied health reform, which— after an extension— is now due at the end of June this year.

“Today the Rural Health Commissioner presents his interim report to regional allied health stakeholders, and I am eager to hear their feedback on the report so far,” he said.

“A combination of short, medium and long term solutions will help to get more AHPs into the regions, which is why in November I announced our support for a pilot *Allied Health Rural Generalist Workforce and Education Scheme* – that SARRAH is administering – to improve the recruitment and retention of regional and AHPs.”

Media contact: Steph Nicholls 0417 314 920

Attendees

Allied Health Rural Practitioners



From left to right. Back row: Elaine Ashworth (SA), Prof. Paul Worley, Ellen McMaster (NSW), Luke Wakely (NSW); Middle row: Nicole Turner (Chair, IAHA), Hon. Mark Coulton MP, Holly Puckering (TAS), Lauren Hutchinson (NSW), Claire Salter (VIC); Front row: Cath Maloney (SARRAH CEO), Matt Smith (QLD), Rob Curry (SARRAH President)

Attendees

Organisation	Attendee
Minister for Rural Health	The Hon Mark Coulton MP
Advisor to Minister Coulton	Ruby Cameron
National Rural Health Commissioner	Prof Paul Worley
SARRAH Board Members	Rob Curry (President) Ed Johnson (Board Member)
Clinicians	Luke Wakely (Tamworth UoN UDRH) Matthew Smith (Speech Pathologist Kingaroy, QLD) Claire Salter (Speech Pathologist, regional VIC) Ellen McMaster (Rural Physiotherapist, southern NSW) Elaine Ashworth (Physiotherapist, SA) Holly Puckering (Speech Pathologist, TAS) Lauren Hutchinson, (Optometrist, Parkes NSW) Nicole Turner, (Nutritionist, NSW)

Organisation	Attendee
Department of Health	Ros Knox , Director, Primary Care Policy and Evaluation Section Elissa Notley , Health Workforce Division Venesser Rogic , Health Workforce Division Maddie Bowden , Health Workforce Division <i>Representative Indigenous Health Division - TBC</i>
NDIA	Greg Perrett (Director, Thin Markets etc)
Department of Social Services	Tom Abhayaratna , Branch Manager, NDIS Market Development Branch Tony Coles , Director, Workforce Policy, NDIS Market Development Branch <i>Marcus Houghton, Workforce Policy section - TBC</i>
Indigenous Allied Health Australia (IAHA)	Nicole Turner , IAHA Chairperson, <i>AAHLF representative</i> <i>Also NSW RDN & Nutritionist NSW</i>
Allied Health Professions Australia (AHPA)	Claire Hewat , CEO <i>Also AAHLF representative</i>
Australian Council of Deans of Health Sciences (ACDHS)	Jen Coulls <i>Also AAHLF representative</i>
National Allied Health Advisors and Chief Officers (NAHAC)	Helen Cameron , Chief Allied Health Officer ACT <i>Also AAHLF representative</i>
University of Canberra	Prof Michelle Lincoln (Executive Dean, Faculty of Health)
Charles Sturt University	Prof Megan Smith (Executive Dean, Faculty of Science) Christine Howard (Director, Three Rivers UDRH)
Murray PHN (Vic)	Matt Jones , CEO Chair VicTas PHN Alliance
NT PHN	Dr Jenny Summerville , Workforce Strategy and Integration Manager
Murrumbidgee PHN	Janelle Duffy
Health Workforce Queensland	Chris Mitchell , CEO
NSW Rural Doctors Network (RDN)	Laura Hardaker , Allied Health Adviser
Consumer Health Forum (CHF)	Leanne Kelly, Convenor , Rural and Remote Special Interest Group
National Rural Health Alliance (NRHA)	Gabrielle O’Kane , CEO

Organisation	Attendee
Royal Flying Doctors Service (RFDS)	Dr Fergus Gardiner , Director Research and Policy
Orange Aboriginal Medical Service (OAMS)	Michael Newman , Operations Manager Stephen Sykes (OAMS/OLALC Project Advisor)
Orange Local Aboriginal Land Council (OLALC)	Annette Steele , CEO Mick Madden
Marathon Health	Megan Callinan , CEO Jenief Cornish , Allied Health Project Lead
Facilitator	Mia Swainson
SARRAH staff	Catherine Maloney (CEO) Gemma Tuxworth (AHRGWES project) Rhiannon Memery (AHRGWES project) Kata Andric (Finance Officer) Jay Zanesco (Admin Officer) Allan Groth (Policy and Advocacy Manager)